

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

MASSACHUSETTS

Part 2
MARLBOROUGH to WRENTHAM



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MARLBOROUGH TO WRENTHAM

Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a "snapshot" of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health

150 Tremont Street

Boston 02111

617-727-2700

Michael S. Dukakis
Governor

Phillip W. Johnston
Secretary

Deborah Prothrow-Stith, M.D.
Commissioner

DIVISION OF HEALTH CARE QUALITY

Irene R. McManus, M.P.H.
Director

I. Overview of Nursing Home Licensure Program

The Division of Health Care Quality is the Commonwealth's chief government body for monitoring health care delivery in Massachusetts. Nursing homes must meet both state standards for licensure and federal standards for participation in the Medicaid and Medicare programs. The Division executes its work through standards setting, regular on-site inspections, complaint investigations, and enforcement action. The Division spends a substantial amount of time monitoring and regularly inspecting nursing homes to assure compliance with quality of care standards. Compliance with these regulations enables a facility to continue to be licensed to operate in Massachusetts and/or to be certified to receive federal Medicare or Medicaid reimbursement. The Division conducts unannounced inspections of all of the state's nursing homes at least once a year. Depending on the nursing home's previous record and current conditions, a Division inspector will spend two to seven days in a facility looking at items such as the availability and quality of medical and nursing services, the emotional and physical condition of patients, the cleanliness of the facility, the quality of the food service, the provision of meaningful recreational activities and social services that address individual problems. When the Division inspectors uncover a problem in a nursing home, they first work with the facility's staff to develop a plan for correcting the problem. In addition, the inspector makes follow-up visits to assure that the facility is correcting the problem. The Division's unique position as both standard setter and monitor of health care services ensures that Massachusetts nursing homes facilities provide minimum standards of care, quality of life, and safety standards for its residents.

II. Overview of Enforcement System

As the patient protection arm of the Department of Public Health, the Division investigates complaints from consumers and other agencies concerning patient care in the state's nursing homes. While the majority of nursing homes provide appropriate care, there are instances when the Division must take enforcement action to protect patients. The Division initiates patient protection action when it becomes evident that the health and safety of patients is being jeopardized or dangerously threatened. Such investigations can result in formal enforcement actions such as admission freezes, license revocations or receiverships, or may be resolved through voluntary compliance by the facility. The Division's authority to protect patients through enforcement of its quality of care regulations for nursing homes was greatly strengthened through the passage of the Patient Abuse Statute in 1980. The law requires certain health care professionals, such as nurses, doctors, and nurses aides, to report incidents of abuse, mistreatment or neglect to the Division. Problems are resolved through a variety of means including referral to the Attorney General's Office for possible legal action, consultation with the nursing home, or formal Division enforcement action. Finally, recent promulgation of suitability regulations has enabled the Division to review the suitability of licensees, thereby preventing undesirable owners from operating nursing homes in Massachusetts.

III. Resources Available to Consumers

State survey agency:

Division of Health Care Quality
Department of Public Health
80 Boylston Street, Room 1100
Boston, MA 02116
617-727-5860

Ombudsman program:

State Long Term Care Ombudsman Program
Executive Office of Elder Affairs
38 Chauncy Street
617-727-7273 or 727-0343

Complaints:

To report a suspected case of patient abuse, mistreatment, or neglect; or to make a complaint about a nursing home call:

Patient Complaint Unit

Division of Health Care Quality
617-727-8984 (9:00 a.m. - 5:00 p.m., Monday - Friday) or, call
the patient abuse/ complaint hotline:
1-800-462-5540 (24-hour, toll-free)

Medicaid fraud and abuse of funds unit:

Medicaid Fraud Control Unit
Department of the Attorney General
131 Tremont Street
Boston, MA 02111
617-727-2823

Source for obtaining nursing home survey results:

"Surveyor-of-the-Day"
Division of Health Care Quality
617-727-5860

State Office on Aging:

Executive Office of Elder Affairs
38 Chauncy Street
Boston, MA 02111
1-800-882-2003 (Hot Line -Toll Free)

Other state programs related to nursing home quality of care:

To report a suspected case of patient discrimination call:

Advocacy Office

Division of Health Care Quality
617-727-8984

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE

Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE BOLTON MANOR NURSING HOME

Street Address: 400 BOLTON ST		City and State: MARLBOROUGH MA 01752	
Participation: MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 0	Medicaid Residents: 129	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	72.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	82.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	69.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	74.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	64.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	18.1	34.6	37.7
Completely bedfast residents.	5	3.2	1.9	3.4
Residents confined to chairs.	69	44.5	41.4	50.8
Residents requiring restraints.	52	33.5	41.2	41.3
Confused or disoriented residents.	92	59.4	58.8	58.4
Residents with bed sores.	9	5.8	5.2	7.1
Residents receiving special skin care.	90	58.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTRIDGE HEALTHCARE CTR, NURSING HOME

Street Address: 121 NORTHBORO RD		City and State: MARLBOROUGH MA 01752	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 196	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	Medicare Residents: 3	Medicaid Residents: 146
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	86.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	170	88.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	75.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	73.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	123	63.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	4.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	26.9	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	73	37.8	41.4	50.8
Residents requiring restraints.	36	18.7	41.2	41.3
Confused or disoriented residents.	132	68.4	58.8	58.4
Residents with bed sores.	5	2.6	5.2	7.1
Residents receiving special skin care.	42	21.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PILGRIM'S PRIDE NSG HOME OF MASHPEE

Street Address: RTE 28 AT NOISY HOLE RD		City and State: MASHPEE MA 02649	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 82		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	51.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	72.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	47.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	69.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	47.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	38	32.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	30.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	27	23.1	41.4	50.8
Residents requiring restraints.	29	24.8	41.2	41.3
Confused or disoriented residents.	67	57.3	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	17	14.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE NURSING HOME

Street Address: 405 RIVER ST		City and State: MATTAPAN MA 02126	
Participation: MEDICAID SNF	# of Beds: 85	Type of Ownership: PROPRIETARY	Survey Date: 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	Medicare Residents: 0	Medicaid Residents: 78
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	89.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	91.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	89.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	88.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	75.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	33.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	63	75.9	41.4	50.8
Residents requiring restraints.	33	39.8	41.2	41.3
Confused or disoriented residents.	59	71.1	58.8	58.4
Residents with bed sores.	4	4.8	5.2	7.1
Residents receiving special skin care.	8	9.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATTAPoisett NURSING HOME

Street Address: 79 NORTH ST		City and State: MATTAPoisett MA 02739	
Participation: MEDICAID ICF	# of Beds: 42	Type of Ownership: PROPRIETARY	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	78.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	78.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	78.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	48.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	26.8	16.1	29.3
Completely bedfast residents.	4	9.8	0.6	3.6
Residents confined to chairs.	13	31.7	15.3	39.1
Residents requiring restraints.	18	43.9	17.4	31.7
Confused or disoriented residents.	22	53.7	48.8	55.8
Residents with bed sores.	3	7.3	2.4	4.7
Residents receiving special skin care.	12	29.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MED-VALE NURSING HOME

Street Address:		City and State:	
519 MAIN ST		MEDFIELD MA 02052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	05/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	17.8	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	62.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	62.2	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	82.2	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	51.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	15.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	8.9	15.3	39.1
Residents requiring restraints.	9	20.0	17.4	31.7
Confused or disoriented residents.	15	33.3	48.8	55.8
Residents with bed sores.	4	8.9	2.4	4.7
Residents receiving special skin care.	9	20.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EMERY RETIREMENT & CONV. HOME

Street Address:		City and State:	
34 GROVE ST		MEDFORD MA 02155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	31	PROPRIETARY	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	83.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	80.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	30.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	20.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	20.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	10.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.3	15.3	39.1
Residents requiring restraints.	2	6.7	17.4	31.7
Confused or disoriented residents.	8	26.7	48.8	55.8
Residents with bed sores.	1	3.3	2.4	4.7
Residents receiving special skin care.	8	26.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGOUN MANOR NURSING HOME

Street Address:		City and State:	
68 MAGOUN AVE		MEDFORD MA 02155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	29	PROPRIETARY	05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	69.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	69.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	30.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	57.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	46.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	23.1	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	7.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.8	15.3	39.1
Residents requiring restraints.	1	3.8	17.4	31.7
Confused or disoriented residents.	15	57.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	3.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE REST HAVEN NURSING HOME

Street Address: 96 MYSTIC ST		City and State: MEDFORD MA 02155	
Participation: MEDICAID ICF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	Medicare Residents: 0	Medicaid Residents: 30	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	34.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	46.9	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	21.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	18.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	31.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	18.8	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	9.4	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	11	34.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	8	25.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINTHROP HOUSE N H

Street Address:		City and State:	
300 WINTHROP ST		MEDFORD MA 02155	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	142	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
140	0	87	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	132	94.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	89.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	77.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	72.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	34.3	34.6	37.7
Completely bedfast residents.	2	1.4	1.9	3.4
Residents confined to chairs.	73	52.1	41.4	50.8
Residents requiring restraints.	35	25.0	41.2	41.3
Confused or disoriented residents.	88	62.9	58.8	58.4
Residents with bed sores.	1	0.7	5.2	7.1
Residents receiving special skin care.	25	17.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACKENZIE NURSING HOME

Street Address:		City and State:	
24 VINE ST		MELROSE MA 02176	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	29	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
29	0	28			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	15	51.7	69.2	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	15	51.7	76.9	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	10	34.5	45.4	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	61.8	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	5	17.2	45.5	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	6	20.7	16.1	29.3	
Completely bedfast residents.	0	0.0	0.6	3.6	
Residents confined to chairs.	2	6.9	15.3	39.1	
Residents requiring restraints.	2	6.9	17.4	31.7	
Confused or disoriented residents.	11	37.9	48.8	55.8	
Residents with bed sores.	0	0.0	2.4	4.7	
Residents receiving special skin care.	4	13.8	22.6	24.0	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MELROSE CARE CENTER, A LTC FACILITY

Street Address:		City and State:	
40 MARTIN ST		MELROSE MA 02176	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	106	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
99	0	79		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	76.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	86.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	13.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	41.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	33	33.3	41.4	50.8
Residents requiring restraints.	78	78.8	41.2	41.3
Confused or disoriented residents.	66	66.7	58.8	58.4
Residents with bed sores.	15	15.2	5.2	7.1
Residents receiving special skin care.	65	65.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORMANDY HOUSE NURSING HOME

Street Address: 15 GREEN ST		City and State: MELROSE MA 02176	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 3	Medicaid Residents: 43
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	58.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	80.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	68.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	75.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	83.7	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	34	42.5	41.4	50.8
Residents requiring restraints.	39	48.7	41.2	41.3
Confused or disoriented residents.	48	60.0	58.8	58.4
Residents with bed sores.	3	3.7	5.2	7.1
Residents receiving special skin care.	13	16.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TUELL NURSING HOME

Street Address:		City and State:	
92 FRANKLIN ST		MELROSE MA 02176	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	28	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	74.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	70.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	55.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	51.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	11	40.7	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	14.8	16.1	29.3
Completely bedfast residents.	2	7.4	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	2	7.4	17.4	31.7
Confused or disoriented residents.	12	44.4	48.8	55.8
Residents with bed sores.	2	7.4	2.4	4.7
Residents receiving special skin care.	15	55.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BANE NURSING CENTER AT METHUEN

Street Address:		City and State:	
480 JACKSON ST		METHUEN MA 01844	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	105	PROPRIETARY	04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	84.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	89.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	70.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	71.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	66.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	48.0	34.6	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	30	30.6	41.4	50.8
Residents requiring restraints.	48	49.0	41.2	41.3
Confused or disoriented residents.	61	62.2	58.8	58.4
Residents with bed sores.	8	8.2	5.2	7.1
Residents receiving special skin care.	98	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLENWOOD NURSING HOME

Street Address:		City and State:	
302 BROADWAY		METHUEN MA 01844	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	41	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	47.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	42.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	25.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	25.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	5	12.5	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.0	16.1	29.3
Completely bedfast residents.	1	2.5	0.6	3.6
Residents confined to chairs.	2	5.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	26	65.0	48.8	55.8
Residents with bed sores.	1	2.5	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BROADWAY NURSING HOME

Street Address:		City and State:	
281 BROADWAY		METHUEN MA 01844	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	52	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	87.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	87.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	69.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	73.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	80.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	6.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	34.6	37.7
Completely bedfast residents.	2	4.3	1.9	3.4
Residents confined to chairs.	20	43.5	41.4	50.8
Residents requiring restraints.	15	32.6	41.2	41.3
Confused or disoriented residents.	30	65.2	58.8	58.4
Residents with bed sores.	4	8.7	5.2	7.1
Residents receiving special skin care.	21	45.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HENRY C NEVINS HOME INC

Street Address: TEN INGALLS COURT		City and State: METHUEN MA 01844	
Participation: MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 0	Medicaid Residents: 103
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	80.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	81.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	72.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	73.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	66.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	23.5	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	42	30.9	41.4	50.8
Residents requiring restraints.	72	52.9	41.2	41.3
Confused or disoriented residents.	83	61.0	58.8	58.4
Residents with bed sores.	7	5.1	5.2	7.1
Residents receiving special skin care.	99	72.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MCGOWAN NURSING HOME

Street Address: 489 PROSPECT ST		City and State: METHUEN MA 01844	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	51.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	51.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	36.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	31.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	7.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	7.3	15.3	39.1
Residents requiring restraints.	13	31.7	17.4	31.7
Confused or disoriented residents.	22	53.7	48.8	55.8
Residents with bed sores.	1	2.4	2.4	4.7
Residents receiving special skin care.	3	7.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALPHA VILLAGE N H

Street Address:		City and State:	
312 MARION RD		MIDDLEBORO MA 02346	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	50	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	73.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	51.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	44.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	36.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	36.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	8.2	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	8.2	16.1	29.3
Completely bedfast residents.	1	2.0	0.6	3.6
Residents confined to chairs.	8	16.3	15.3	39.1
Residents requiring restraints.	2	4.1	17.4	31.7
Confused or disoriented residents.	10	20.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	4	8.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENLAWN NURSING HOME

Street Address: 14 EAST GROVE ST		City and State: MIDDLEBORO MA 02346	
Participation: MEDICAID ICF	# of Beds: 47	Type of Ownership: PROPRIETARY	Survey Date: 07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 43
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	47.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	43.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	29.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	25.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	4.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	18.2	15.3	39.1
Residents requiring restraints.	7	15.9	17.4	31.7
Confused or disoriented residents.	23	52.3	48.8	55.8
Residents with bed sores.	1	2.3	2.4	4.7
Residents receiving special skin care.	5	11.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW MEDICO REHAB & SKILLED NSG CTR

Street Address:		City and State:	
ISAAC ST		MIDDLEBORO MA 02346	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	124	PROPRIETARY	06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	73.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	79.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	72.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	71.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	59.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	6.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.9	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	68	56.2	41.4	50.8
Residents requiring restraints.	64	52.9	41.2	41.3
Confused or disoriented residents.	80	66.1	58.8	58.4
Residents with bed sores.	9	7.4	5.2	7.1
Residents receiving special skin care.	62	51.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK HILL NURSING HOME

Street Address: 76 NORTH ST		City and State: MIDDLEBORO MA 02346	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 126	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	Medicare Residents: 1	Medicaid Residents: 97
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	78.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	78.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	73.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	69.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	74.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	18.7	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	36	29.3	41.4	50.8
Residents requiring restraints.	61	49.6	41.2	41.3
Confused or disoriented residents.	78	63.4	58.8	58.4
Residents with bed sores.	9	7.3	5.2	7.1
Residents receiving special skin care.	28	22.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLAIR HOUSE-MILFORD

Street Address: 20 CLAFLIN ST		City and State: MILFORD MA 01757	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 61	Type of Ownership: PROPRIETARY	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 38
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	54.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	78.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	70.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	77.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	75.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	5.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	12.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	49.1	41.4	50.8
Residents requiring restraints.	22	38.6	41.2	41.3
Confused or disoriented residents.	27	47.4	58.8	58.4
Residents with bed sores.	7	12.3	5.2	7.1
Residents receiving special skin care.	44	77.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GERIATRIC AUTHORITY OF MILFORD N.H.

Street Address: COUNTRYSIDE DR		City and State: MILFORD MA 01757	
Participation: MEDICAID SNF/ICF	# of Beds: 73	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	Medicare Residents: 0	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	86.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	77.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	51	70.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	79.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	48.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	65.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	20.8	41.4	50.8
Residents requiring restraints.	35	48.6	41.2	41.3
Confused or disoriented residents.	30	41.7	58.8	58.4
Residents with bed sores.	5	6.9	5.2	7.1
Residents receiving special skin care.	16	22.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVIDENCE HOUSE NSG HOME OF MILLBURY

Street Address: 29 MAIN STREET		City and State: MILLBURY MA 01527	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 127	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	75.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	100	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	47.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	79.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	75.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	29.7	34.6	37.7
Completely bedfast residents.	4	4.4	1.9	3.4
Residents confined to chairs.	33	36.3	41.4	50.8
Residents requiring restraints.	38	41.8	41.2	41.3
Confused or disoriented residents.	51	56.0	58.8	58.4
Residents with bed sores.	4	4.4	5.2	7.1
Residents receiving special skin care.	17	18.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE NEW PINE GROVE VILLA NURSING HOME

Street Address: 5 RHODES ST		City and State: MILLBURY MA 01527	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	75.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	73.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	34.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	34.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	12.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.4	15.3	39.1
Residents requiring restraints.	11	26.8	17.4	31.7
Confused or disoriented residents.	33	80.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	4	9.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILTON HEALTH CARE FACILITY

Street Address:		City and State:	
1200 BRUSH HILL RD		MILTON MA 02186	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	152	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
152	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	65.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	66.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	57.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	56.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	15.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	17	11.2	41.4	50.8
Residents requiring restraints.	44	28.9	41.2	41.3
Confused or disoriented residents.	86	56.6	58.8	58.4
Residents with bed sores.	4	2.6	5.2	7.1
Residents receiving special skin care.	14	9.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JESMOND NURSING HOME

Street Address: 271 NAHANT RD		City and State: NAHANT MA 01908	
Participation: MEDICAID SNF/ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 13		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	63.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	76.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	69.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	61.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	63.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	18	32.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	21.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	27.3	41.4	50.8
Residents requiring restraints.	8	14.5	41.2	41.3
Confused or disoriented residents.	40	72.7	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	0	0.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OUR ISLAND HOME

Street Address: EAST CREEK RD		City and State: NANTUCKET MA 02554	
Participation: MEDICAID SNF/ICF	# of Beds: 45	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 27		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	74.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	88.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	65.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	74.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	67.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	11.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	25.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	10	23.3	41.4	50.8
Residents requiring restraints.	14	32.6	41.2	41.3
Confused or disoriented residents.	22	51.2	58.8	58.4
Residents with bed sores.	1	2.3	5.2	7.1
Residents receiving special skin care.	22	51.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRITTANY CONVALESCENT HOME

Street Address:		City and State:	
168 W CENTRAL ST		NATICK MA 01760	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	116	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
108	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	72.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	55.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	50.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	46.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	22.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	16	14.8	41.4	50.8
Residents requiring restraints.	36	33.3	41.2	41.3
Confused or disoriented residents.	50	46.3	58.8	58.4
Residents with bed sores.	4	3.7	5.2	7.1
Residents receiving special skin care.	48	44.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERBEND CONVALESCENT CENTER

Street Address:		City and State:	
34 LINCOLN ST		NATICK MA 01760	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	55	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
53	0	33		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	66.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	71.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	39.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	83.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	28.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	9.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	13.2	15.3	39.1
Residents requiring restraints.	10	18.9	17.4	31.7
Confused or disoriented residents.	22	41.5	48.8	55.8
Residents with bed sores.	1	1.9	2.4	4.7
Residents receiving special skin care.	12	22.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIARWOOD CONV CENTER

Street Address:		City and State:	
26 GARFIELD ST		NEEDHAM MA 02192	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	0	91		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	98.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	84.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	73.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	62.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	46.5	34.6	37.7
Completely bedfast residents.	2	1.8	1.9	3.4
Residents confined to chairs.	76	66.7	41.4	50.8
Residents requiring restraints.	42	36.8	41.2	41.3
Confused or disoriented residents.	74	64.9	58.8	58.4
Residents with bed sores.	10	8.8	5.2	7.1
Residents receiving special skin care.	47	41.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEEDHAM/HAMILTON HOUSE CONVALESCENT CR

Street Address:		City and State:	
141 CHESTNUT ST		NEEDHAM MA 02192	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
77	0	49	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	64.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	88.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	71.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	72.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.7	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	19	24.7	41.4	50.8
Residents requiring restraints.	31	40.3	41.2	41.3
Confused or disoriented residents.	46	59.7	58.8	58.4
Residents with bed sores.	18	23.4	5.2	7.1
Residents receiving special skin care.	50	64.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE SKILLED NSG FACALITY AT NORTH HILL

Street Address:		City and State:	
865 CENTRAL AVENUE		NEEDHAM MA 02192	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	08/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
58	0	7		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	79.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	87.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	65.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	46.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	15.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	10	17.2	41.4	50.8
Residents requiring restraints.	9	15.5	41.2	41.3
Confused or disoriented residents.	33	56.9	58.8	58.4
Residents with bed sores.	2	3.4	5.2	7.1
Residents receiving special skin care.	19	32.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEDFORD VILLAGE NURSING HOME, INC.

Street Address: 9 POPE ST		City and State: NEW BEDFORD MA 02740	
Participation: MEDICAID ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 70
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	77.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	81.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	54.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	54.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	12.9	16.1	29.3
Completely bedfast residents.	2	2.9	0.6	3.6
Residents confined to chairs.	16	22.9	15.3	39.1
Residents requiring restraints.	13	18.6	17.4	31.7
Confused or disoriented residents.	20	28.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	23	32.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLAIR HOUSE-NEW BEDFORD

Street Address: 394 COUNTY ST		City and State: NEW BEDFORD MA 02740	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	Medicare Residents: 0	Medicaid Residents: 103		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	72.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	82.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	6.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	6.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	100	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	121	100	34.6	37.7
Completely bedfast residents.	100	82.6	1.9	3.4
Residents confined to chairs.	121	100	41.4	50.8
Residents requiring restraints.	42	34.7	41.2	41.3
Confused or disoriented residents.	66	54.5	58.8	58.4
Residents with bed sores.	3	2.5	5.2	7.1
Residents receiving special skin care.	12	9.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALLMARK NURSING HOME

Street Address: 1123 ROCKDALE AVE		City and State: NEW BEDFORD MA 02740	
Participation: MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 124	Medicare Residents: 0	Medicaid Residents: 110
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	70.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	82.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	68.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	65.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	58.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	35.5	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	43	34.7	41.4	50.8
Residents requiring restraints.	40	32.3	41.2	41.3
Confused or disoriented residents.	62	50.0	58.8	58.4
Residents with bed sores.	2	1.6	5.2	7.1
Residents receiving special skin care.	67	54.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KRISTEN BETH N H

Street Address:		City and State:	
713 SHAWMUT AVE		NEW BEDFORD MA 02746	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	93	PROPRIETARY	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
81	0	81	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	71.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	85.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	80.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	56.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	71.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	12	14.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	12.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	25.9	41.4	50.8
Residents requiring restraints.	34	42.0	41.2	41.3
Confused or disoriented residents.	42	51.9	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	7	8.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW BEDFORD JEWISH CONV HOME, INC

Street Address: 200 HAWTHORNE ST		City and State: NEW BEDFORD MA 02740	
Participation: MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 22	Medicaid Residents: 57	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	67.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	87.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	76.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	81.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	42.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	41.2	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	24	30.0	41.4	50.8
Residents requiring restraints.	28	35.0	41.2	41.3
Confused or disoriented residents.	25	31.3	58.8	58.4
Residents with bed sores.	3	3.7	5.2	7.1
Residents receiving special skin care.	32	40.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SACRED HEART N H

Street Address: 359 SUMMER ST		City and State: NEW BEDFORD MA 02740	
Participation: MEDICAID SNF/ICF	# of Beds: 217	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 217	Medicare Residents: 0	Medicaid Residents: 200	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	76.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	174	80.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	138	63.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	217	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	143	65.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	29.0	34.6	37.7
Completely bedfast residents.	3	1.4	1.9	3.4
Residents confined to chairs.	126	58.1	41.4	50.8
Residents requiring restraints.	77	35.5	41.2	41.3
Confused or disoriented residents.	109	50.2	58.8	58.4
Residents with bed sores.	14	6.5	5.2	7.1
Residents receiving special skin care.	85	39.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SASSAQUIN NURSING HOME, INC.

Street Address: 4586 ACUSHNET AVE		City and State: NEW BEDFORD MA 02745	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 94
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	62.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	79.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	57.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	54.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	57.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	60.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	20.9	41.4	50.8
Residents requiring restraints.	29	25.2	41.2	41.3
Confused or disoriented residents.	87	75.7	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	34	29.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAVOY CONV HOME

Street Address: 670 COUNTY ST		City and State: NEW BEDFORD MA 02743	
Participation: MEDICAID SNF	# of Beds: 39	Type of Ownership: PROPRIETARY	Survey Date: 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	Medicare Residents: 0	Medicaid Residents: 37
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	100	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	89.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	78.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	26.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	52.6	41.4	50.8
Residents requiring restraints.	26	68.4	41.2	41.3
Confused or disoriented residents.	30	78.9	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	15	39.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TABER STREET NURSING HOME

Street Address: 19 TABER ST		City and State: NEW BEDFORD MA 02740	
Participation: MEDICAID ICF	# of Beds: 56	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	Medicare Residents: 0	Medicaid Residents: 33
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	75.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	79.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	50.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	79.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	31.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	22.2	16.1	29.3
Completely bedfast residents.	1	1.9	0.6	3.6
Residents confined to chairs.	16	29.6	15.3	39.1
Residents requiring restraints.	14	25.9	17.4	31.7
Confused or disoriented residents.	24	44.4	48.8	55.8
Residents with bed sores.	3	5.6	2.4	4.7
Residents receiving special skin care.	11	20.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIGHAM MANOR CONV HOME

Street Address: 77 HIGH ST		City and State: NEWBURYPORT MA 01950	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 63	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	81.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	82.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	49.2	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	57.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	36.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	6.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	57.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	4.8	15.3	39.1
Residents requiring restraints.	5	7.9	17.4	31.7
Confused or disoriented residents.	27	42.9	48.8	55.8
Residents with bed sores.	3	4.8	2.4	4.7
Residents receiving special skin care.	4	6.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY MANOR CONVALESCENT CENTER

Street Address: 180 LOW ST		City and State: NEWBURYPORT MA 01950	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 88
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	84.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	92.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	73.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	65.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.1	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	66	55.5	41.4	50.8
Residents requiring restraints.	52	43.7	41.2	41.3
Confused or disoriented residents.	59	49.6	58.8	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	64	53.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PORT REHABILITATION & SKILLED NSG.

Street Address: HALE LOW ST		City and State: NEWBURYPORT MA 01950	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
99	0	74			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	78.8	78.2	81.5
Dressing					
Residents requiring some or total assistance in dressing.		91	91.9	82.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		88	88.9	70.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	88.9	80.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		87	87.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.		3	3.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		33	33.3	34.6	37.7
Completely bedfast residents.		2	2.0	1.9	3.4
Residents confined to chairs.		63	63.6	41.4	50.8
Residents requiring restraints.		54	54.5	41.2	41.3
Confused or disoriented residents.		78	78.8	58.8	58.4
Residents with bed sores.		8	8.1	5.2	7.1
Residents receiving special skin care.		67	67.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRAEBURN N H

Street Address: 20 KINMOTH RD		City and State: NEWTON MA 02168	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 52
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	71.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	68	84.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	49	60.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	55.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	53.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	10	12.3	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	20	24.7	15.3	39.1
Residents requiring restraints.	35	43.2	17.4	31.7
Confused or disoriented residents.	51	63.0	48.8	55.8
Residents with bed sores.	4	4.9	2.4	4.7
Residents receiving special skin care.	34	42.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHETWYNDE CONV HOME

Street Address: 1660 WASHINGTON ST		City and State: NEWTON MA 02165	
Participation: MEDICAID ICF	# of Beds: 32	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 19
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY	STATE	NATION
	#	%	%

Bathing				
Residents requiring some or total assistance in bathing.	22	73.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	56.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	53.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	26.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	40.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	6.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	2	6.7	17.4	31.7
Confused or disoriented residents.	14	46.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	16.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELLIOT MANOR N H

Street Address: 25 MECHANIC ST		City and State: NEWTON MA 02164	
Participation: MEDICAID ICF	# of Beds: 53	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 42
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	59.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	44	84.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	37	71.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	57.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	19.2	15.3	39.1
Residents requiring restraints.	1	1.9	17.4	31.7
Confused or disoriented residents.	30	57.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	5.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

MEDIPLEX OF NEWTON

Street Address:		City and State:	
210 WASHINGTON ST		NEWTON MA 02162	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	190	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
188	0	121		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	77.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	164	87.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	127	67.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	68.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	70.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	3.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	30.9	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	97	51.6	41.4	50.8
Residents requiring restraints.	69	36.7	41.2	41.3
Confused or disoriented residents.	111	59.0	58.8	58.4
Residents with bed sores.	7	3.7	5.2	7.1
Residents receiving special skin care.	83	44.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOWOOD NURSING HOME OF NORTH ADAMS

Street Address: 175 FRANKLIN ST		City and State: NORTH ADAMS MA 01247	
Participation: MEDICAID SNF/ICF	# of Beds: 83	Type of Ownership: PROPRIETARY	Survey Date: 04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	71.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	81.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	69.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	81.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	59.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	19.8	34.6	37.7
Completely bedfast residents.	2	2.5	1.9	3.4
Residents confined to chairs.	39	48.1	41.4	50.8
Residents requiring restraints.	35	43.2	41.2	41.3
Confused or disoriented residents.	43	53.1	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	20	24.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 75 PARK ST		City and State: NORTH ANDOVER MA 01845	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 122	Type of Ownership: PROPRIETARY	Survey Date: 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 73	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	45.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	67.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	61.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	26.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	35	30.2	41.4	50.8
Residents requiring restraints.	42	36.2	41.2	41.3
Confused or disoriented residents.	56	48.3	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	47	40.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESCOTT HOUSE NURSING HOME

Street Address:		City and State:	
140 PRESCOTT STREET		NORTH ANDOVER MA 01845	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	126	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
119	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	79.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	52.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	60.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	52.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.3	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	16	13.4	41.4	50.8
Residents requiring restraints.	39	32.8	41.2	41.3
Confused or disoriented residents.	70	58.8	58.8	58.4
Residents with bed sores.	7	5.9	5.2	7.1
Residents receiving special skin care.	10	8.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADONNA MANOR N H

Street Address: 85 NORTH WASHINGTON ST		City and State: NORTH ATTLEBORO MA 02760	
Participation: MEDICAID SNF/ICF	# of Beds: 121	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 101	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	70.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	72.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	61.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	25.8	34.6	37.7
Completely bedfast residents.	3	2.5	1.9	3.4
Residents confined to chairs.	38	31.7	41.4	50.8
Residents requiring restraints.	42	35.0	41.2	41.3
Confused or disoriented residents.	66	55.0	58.8	58.4
Residents with bed sores.	3	2.5	5.2	7.1
Residents receiving special skin care.	5	4.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW ENGLAND PEDIATRIC CARE, A NURS.

Street Address: 78 BOSTON ROAD, P.O. BOX E		City and State: NORTH BILLERICA MA 01862	
Participation: MEDICAID SNF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 79	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	97.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	98.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	88.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	98.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	6.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	70.9	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	68	86.1	41.4	50.8
Residents requiring restraints.	1	1.3	41.2	41.3
Confused or disoriented residents.	0	0.0	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	25	31.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SIMMONS NURSING HOME

Street Address:		City and State:	
317 BOSTON RD		NORTH BILLERICA MA 01862	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	44	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	30.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	53.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	39.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	30.2	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	27.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	9.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	4.7	15.3	39.1
Residents requiring restraints.	4	9.3	17.4	31.7
Confused or disoriented residents.	9	20.9	48.8	55.8
Residents with bed sores.	1	2.3	2.4	4.7
Residents receiving special skin care.	3	7.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STONEHILL MANOR NRSG + RETR HME

Street Address:		City and State:	
231 MAIN ST		NORTH EASTON MA 02356	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	26	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
25	0	25		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	60.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	48.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	44.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	36.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	44.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	16.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	12.0	15.3	39.1
Residents requiring restraints.	2	8.0	17.4	31.7
Confused or disoriented residents.	13	52.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	20.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ROYAL MEGANSETT NSG HOME

Street Address: 209 COUNTY RD		City and State: NORTH FALMOUTH MA 02556	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	Medicare Residents: 0	Medicaid Residents: 25	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	80.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	87.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	80.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	70.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	64.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	30	42.9	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	25	35.7	15.3	39.1
Residents requiring restraints.	14	20.0	17.4	31.7
Confused or disoriented residents.	35	50.0	48.8	55.8
Residents with bed sores.	1	1.4	2.4	4.7
Residents receiving special skin care.	12	17.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDGEWOOD NURSING HOME

Street Address: 23 N BRIGHAM HILL RD		City and State: NORTH GRAFTON MA 01536	
Participation: MEDICAID ICF	# of Beds: 36	Type of Ownership: PROPRIETARY	Survey Date: 01/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 35
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	91.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	91.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	20.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	20.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	20.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	17.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.9	15.3	39.1
Residents requiring restraints.	1	2.9	17.4	31.7
Confused or disoriented residents.	1	2.9	48.8	55.8
Residents with bed sores.	1	2.9	2.4	4.7
Residents receiving special skin care.	2	5.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWVIEW CONVALESCENT HOME

Street Address: 134 NORTH ST		City and State: NORTH READING MA 01864	
Participation: MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 82
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	55.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	81.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	62.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	10.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	23.7	41.4	50.8
Residents requiring restraints.	49	50.5	41.2	41.3
Confused or disoriented residents.	70	72.2	58.8	58.4
Residents with bed sores.	9	9.3	5.2	7.1
Residents receiving special skin care.	59	60.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMPSHIRE CO LONG TERM CARE FACILITY

Street Address:		City and State:	
RIVER ROAD		NORTHAMPTON MA 01053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	120	LOCAL GOVERNMENT	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
119	0	87	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	114	95.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	98.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	94.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	97.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	84.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	42	35.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	48.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	94	79.0	41.4	50.8
Residents requiring restraints.	61	51.3	41.2	41.3
Confused or disoriented residents.	57	47.9	58.8	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	55	46.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMPSHIRE MANOR N H

Street Address:		City and State:	
EASTHAMPTON RD RT 10		NORTHAMPTON MA 01060	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	42	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
39	0	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	25	64.1	69.2	78.3

Dressing				
Residents requiring some or total assistance in dressing.	25	64.1	76.9	76.7

Toileting				
Residents requiring some or total assistance in toileting.	20	51.3	45.4	63.4

Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	30.8	61.8	66.0

Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	30.8	45.5	59.1

Residents on individually written bowel and bladder retraining program.	12	30.8	5.3	6.1

Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	17.9	16.1	29.3

Completely bedfast residents.	0	0.0	0.6	3.6

Residents confined to chairs.	4	10.3	15.3	39.1

Residents requiring restraints.	10	25.6	17.4	31.7

Confused or disoriented residents.	14	35.9	48.8	55.8

Residents with bed sores.	0	0.0	2.4	4.7

Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 548 ELM ST		City and State: NORTHAMPTON MA 01060	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 1	Medicaid Residents: 51		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	89.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	80.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	67.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	76.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	25	21.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	36.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	74	62.2	41.4	50.8
Residents requiring restraints.	77	64.7	41.2	41.3
Confused or disoriented residents.	70	58.8	58.8	58.4
Residents with bed sores.	6	5.0	5.2	7.1
Residents receiving special skin care.	58	48.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHAMPTON N H

Street Address: 737 BRIDGE RD		City and State: NORTHAMPTON MA 01060	
Participation: MEDICAID SNF/ICF	# of Beds: 164	Type of Ownership: PROPRIETARY	Survey Date: 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	Medicare Residents: 0	Medicaid Residents: 120	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	78.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	84.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	79.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	88.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	83.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	9	5.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	43.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	76	49.4	41.4	50.8
Residents requiring restraints.	44	28.6	41.2	41.3
Confused or disoriented residents.	103	66.9	58.8	58.4
Residents with bed sores.	5	3.2	5.2	7.1
Residents receiving special skin care.	56	36.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE REST NURSING HOME

Street Address:		City and State:	
5 FRANKLIN ST		NORTHAMPTON MA 01060	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	47	PROPRIETARY	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	63.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	71.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	50.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	69.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	41.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	21	45.7	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	17.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	21.7	15.3	39.1
Residents requiring restraints.	4	8.7	17.4	31.7
Confused or disoriented residents.	20	43.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	6.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANGERS NURSING HOME

Street Address: 112 W MAIN ST		City and State: NORTHBOROUGH MA 01532	
Participation: MEDICAID SNF/ICF	# of Beds: 33	Type of Ownership: PROPRIETARY	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 25		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	53.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	56.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	46.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	73.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	46.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	43.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	2	6.7	41.4	50.8
Residents requiring restraints.	3	10.0	41.2	41.3
Confused or disoriented residents.	23	76.7	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	8	26.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THORTON NURSING HOME

Street Address:		City and State:	
2381 W MAIN ST		NORTHBOROUGH MA 01532	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	84	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	86.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	94.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	73.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	80.7	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	69.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	28.9	41.4	50.8
Residents requiring restraints.	44	53.0	41.2	41.3
Confused or disoriented residents.	68	81.9	58.8	58.4
Residents with bed sores.	3	3.6	5.2	7.1
Residents receiving special skin care.	32	38.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAUMONT NH

Street Address: 85 BEAUMONT DR		City and State: NORTHBRIDGE MA 01534	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	Medicare Residents: 2	Medicaid Residents: 87	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	87.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	77.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	68.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	60.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	61.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	33.8	34.6	37.7
Completely bedfast residents.	2	1.4	1.9	3.4
Residents confined to chairs.	37	26.6	41.4	50.8
Residents requiring restraints.	53	38.1	41.2	41.3
Confused or disoriented residents.	63	45.3	58.8	58.4
Residents with bed sores.	4	2.9	5.2	7.1
Residents receiving special skin care.	23	16.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHBRIDGE NURSING HOME

Street Address:		City and State:	
2356 PROVIDENCE RD		NORTHBRIDGE MA 01534	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	118	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
116	0	99	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	69.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	63.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	59.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	45.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	40	34.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	36	31.0	41.4	50.8
Residents requiring restraints.	40	34.5	41.2	41.3
Confused or disoriented residents.	58	50.0	58.8	58.4
Residents with bed sores.	11	9.5	5.2	7.1
Residents receiving special skin care.	116	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY HAVEN NURSING HOME INC

Street Address: 184 MANSFIELD AVE		City and State: NORTON MA 02766	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 94	Type of Ownership: PROPRIETARY	Survey Date: 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 0	Medicaid Residents: 59
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	90.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	80	86.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	72.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	70.5	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.3	34.6	37.7
 Completely bedfast residents.	1	1.1	1.9	3.4
 Residents confined to chairs.	38	40.9	41.4	50.8
 Residents requiring restraints.	32	34.4	41.2	41.3
 Confused or disoriented residents.	77	82.8	58.8	58.4
 Residents with bed sores.	3	3.2	5.2	7.1
 Residents receiving special skin care.	88	94.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORWELL KNOLL NURSING HOME

Street Address: 329 WASHINGTON ST		City and State: NORWELL MA 02061	
Participation: MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	Medicare Residents: 0	Medicaid Residents: 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	80.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	82.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	68.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	61.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	55.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	29	38.2	41.4	50.8
Residents requiring restraints.	27	35.5	41.2	41.3
Confused or disoriented residents.	38	50.0	58.8	58.4
Residents with bed sores.	2	2.6	5.2	7.1
Residents receiving special skin care.	35	46.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STETSON MANOR NURSING HOME

Street Address:		City and State:	
12 BARSTOW AVE		NORWELL MA 02061	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	20	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
17	0	9		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	88.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	76.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	70.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	47.1	16.1	29.3
Completely bedfast residents.	2	11.8	0.6	3.6
Residents confined to chairs.	8	47.1	15.3	39.1
Residents requiring restraints.	4	23.5	17.4	31.7
Confused or disoriented residents.	14	82.4	48.8	55.8
Residents with bed sores.	1	5.9	2.4	4.7
Residents receiving special skin care.	2	11.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHARLWELL HOUSE-A SKILLED NSG FACILITY

Street Address: 305 WALPOLE STREET		City and State: NORWOOD MA 02062	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	Medicare Residents: 0	Medicaid Residents: 54
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	74.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	77.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	69.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	47.0	41.4	50.8
Residents requiring restraints.	50	42.7	41.2	41.3
Confused or disoriented residents.	75	64.1	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	10	8.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL CARE CENTER;A L.T.C.F

Street Address: 460 WASHINGTON		City and State: NORWOOD MA 02062	
Participation: MEDICAID SNF/ICF	# of Beds: 185	Type of Ownership: PROPRIETARY	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178	Medicare Residents: 0	Medicaid Residents: 152
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	155	87.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	160	89.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	76.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	59.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	6.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	29.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	85	47.8	41.4	50.8
Residents requiring restraints.	82	46.1	41.2	41.3
Confused or disoriented residents.	138	77.5	58.8	58.4
Residents with bed sores.	18	10.1	5.2	7.1
Residents receiving special skin care.	68	38.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DENNY HOUSE NURSING HOME

Street Address: 86 SAUNDERS RD		City and State: NORWOOD MA 02062	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: PROPRIETARY	Survey Date: 03/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 33	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	75.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	44.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	41.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	91.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	41.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.8	16.1	29.3
Completely bedfast residents.	1	2.8	0.6	3.6
Residents confined to chairs.	6	16.7	15.3	39.1
Residents requiring restraints.	4	11.1	17.4	31.7
Confused or disoriented residents.	16	44.4	48.8	55.8
Residents with bed sores.	1	2.8	2.4	4.7
Residents receiving special skin care.	3	8.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ELLIS NURSING HOME

Street Address:		City and State:	
135 ELLIS AVE		NORWOOD MA 02062	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	191	PROPRIETARY	03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
187	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	69.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	74.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	64.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	125	66.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	10.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	19.8	34.6	37.7
Completely bedfast residents.	6	3.2	1.9	3.4
Residents confined to chairs.	42	22.5	41.4	50.8
Residents requiring restraints.	81	43.3	41.2	41.3
Confused or disoriented residents.	136	72.7	58.8	58.4
Residents with bed sores.	9	4.8	5.2	7.1
Residents receiving special skin care.	114	61.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VICTORIA HAVEN NSG HME

Street Address: 137 NICHOLS ST		City and State: NORWOOD MA 02062	
Participation: MEDICAID ICF	# of Beds: 31	Type of Ownership: PROPRIETARY	Survey Date: 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	Medicare Residents: 0	Medicaid Residents: 19	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	41.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	64.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	41.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	48.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	54.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	19.4	15.3	39.1
Residents requiring restraints.	5	16.1	17.4	31.7
Confused or disoriented residents.	15	48.4	48.8	55.8
Residents with bed sores.	1	3.2	2.4	4.7
Residents receiving special skin care.	2	6.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARTHA'S VINEYARD HOSP LTC UNIT

Street Address: LINTON LN		City and State: OAK BLUFFS MA 02557	
Participation: MEDICAID SNF/ICF	# of Beds: 41	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	73.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	89.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	86.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	89.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	73.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	13.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	27.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	54.1	41.4	50.8
Residents requiring restraints.	15	40.5	41.2	41.3
Confused or disoriented residents.	21	56.8	58.8	58.4
Residents with bed sores.	1	2.7	5.2	7.1
Residents receiving special skin care.	12	32.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDALWOOD CONV HOME

Street Address:		City and State:	
3 PINE ST		OXFORD MA 01540	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	77	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
76	0	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	50.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	84.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	57.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	61.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	57.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	38.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	31.6	41.4	50.8
Residents requiring restraints.	32	42.1	41.2	41.3
Confused or disoriented residents.	44	57.9	58.8	58.4
Residents with bed sores.	2	2.6	5.2	7.1
Residents receiving special skin care.	21	27.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PALMER HOUSE HEALTHCARE N H

Street Address:		City and State:	
SHEARER ST		PALMER MA 01069	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	61	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
59	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	98.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	40.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	49.2	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	66.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	45.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	17	28.8	15.3	39.1
Residents requiring restraints.	26	44.1	17.4	31.7
Confused or disoriented residents.	59	100	48.8	55.8
Residents with bed sores.	3	5.1	2.4	4.7
Residents receiving special skin care.	7	11.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FARNSWORTH NURSING HOME

Street Address: 28 BOWDITCH ST		City and State: PEABODY MA 01960	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 0	Medicaid Residents: 63		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	71.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	71.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	54.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	56.2	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	52.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.1	16.1	29.3
Completely bedfast residents.	1	1.4	0.6	3.6
Residents confined to chairs.	8	11.0	15.3	39.1
Residents requiring restraints.	22	30.1	17.4	31.7
Confused or disoriented residents.	38	52.1	48.8	55.8
Residents with bed sores.	3	4.1	2.4	4.7
Residents receiving special skin care.	73	100	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PILGRIM REHAB & SKILLED NURSING CENTER

Street Address:		City and State:	
96 FOREST ST		PEABODY MA 01960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	144	PROPRIETARY	05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
134	14	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	83.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	95.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	82.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	85.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	54	40.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	30.6	34.6	37.7
Completely bedfast residents.	10	7.5	1.9	3.4
Residents confined to chairs.	95	70.9	41.4	50.8
Residents requiring restraints.	63	47.0	41.2	41.3
Confused or disoriented residents.	107	79.9	58.8	58.4
Residents with bed sores.	16	11.9	5.2	7.1
Residents receiving special skin care.	27	20.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RAINBOW NURSING HOME

Street Address:		City and State:	
210 LOWELL ST		PEABODY MA 01960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	35	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	40.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	11	31.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	20.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	17.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	11.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	11.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.7	15.3	39.1
Residents requiring restraints.	4	11.4	17.4	31.7
Confused or disoriented residents.	16	45.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	17.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEMAN NURSING HOME

Street Address:		City and State:	
17 MAIN ST		PEPPERELL MA 01463	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	17	PROPRIETARY	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
16	0	14		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	87.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	75.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	25.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	43.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	50.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	12.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	6.3	15.3	39.1
Residents requiring restraints.	2	12.5	17.4	31.7
Confused or disoriented residents.	11	68.8	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	6.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK MANOR NURSING HOME

Street Address: 13 PARK ST		City and State: PEPPERELL MA 01463	
Participation: MEDICAID ICF	# of Beds: 32	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 0	Medicaid Residents: 26
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	72.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	22	75.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	48.3	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	44.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	13.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	6.9	15.3	39.1
Residents requiring restraints.	5	17.2	17.4	31.7
Confused or disoriented residents.	18	62.1	48.8	55.8
Residents with bed sores.	1	3.4	2.4	4.7
Residents receiving special skin care.	29	100	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BERKSHIRE NURSING HOME

Street Address: 360 HOUSATONIC ST		City and State: PITTSFIELD MA 01201	
Participation: MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	66.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	92.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	76.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	79.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	76.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	38.3	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	39	48.1	41.4	50.8
Residents requiring restraints.	27	33.3	41.2	41.3
Confused or disoriented residents.	45	55.6	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	25	30.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT. GREYLOCK ECF

Street Address: 1000 NORTH ST		City and State: PITTSFIELD MA 01201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	75.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	7	87.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	7	87.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	70.5	68.2
 Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	25.0	34.6	37.7
 Completely bedfast residents.	0	0.0	1.9	3.4
 Residents confined to chairs.	4	50.0	41.4	50.8
 Residents requiring restraints.	1	12.5	41.2	41.3
 Confused or disoriented residents.	4	50.0	58.8	58.4
 Residents with bed sores.	2	25.0	5.2	7.1
 Residents receiving special skin care.	4	50.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRINGSIDE OF PITTSFIELD L T C F

Street Address: 255 LEBANON AVE		City and State: PITTSFIELD MA 01201	
Participation: MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 0	Medicaid Residents: 49	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	61.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	72.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	67.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	51.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	54.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	29.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	40.4	41.4	50.8
Residents requiring restraints.	38	40.4	41.2	41.3
Confused or disoriented residents.	60	63.8	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	51	54.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLAINVILLE NRSG HME

Street Address: 62 SOUTH ST		City and State: PLAINVILLE MA 02762	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 55
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	52.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	56.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	35.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	54.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	52.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	5.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	29.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	20	35.1	15.3	39.1
Residents requiring restraints.	11	19.3	17.4	31.7
Confused or disoriented residents.	44	77.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	7	12.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEVERLY MANOR OF PLYMOUTH NURSING HOME

Street Address:		City and State:	
19 OBERY STREET		PLYMOUTH MA 02360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
98	0	81		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	82.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	86.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	71.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	60.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	60.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	11.2	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	34	34.7	41.4	50.8
Residents requiring restraints.	41	41.8	41.2	41.3
Confused or disoriented residents.	55	56.1	58.8	58.4
Residents with bed sores.	12	12.2	5.2	7.1
Residents receiving special skin care.	68	69.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAYFLOWER HOUSE N.H. & CHILD CARE CTR.

Street Address:		City and State:	
123 SOUTH STREET		PLYMOUTH MA 02360	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	186	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
182	0	167

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	75.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	148	81.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	140	76.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	78.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	131	72.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	3.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	48.4	34.6	37.7
Completely bedfast residents.	33	18.1	1.9	3.4
Residents confined to chairs.	139	76.4	41.4	50.8
Residents requiring restraints.	69	37.9	41.2	41.3
Confused or disoriented residents.	110	60.4	58.8	58.4
Residents with bed sores.	7	3.8	5.2	7.1
Residents receiving special skin care.	100	54.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLYMOUTH NURSING HOME

Street Address: 35 WARREN AVE		City and State: PLYMOUTH MA 02360	
Participation: MEDICAID ICF	# of Beds: 37	Type of Ownership: PROPRIETARY	Survey Date: 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 36		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	19.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	10	27.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	4	11.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	25.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	19.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	13.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.6	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	4	11.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	8.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAPE END MANOR

Street Address: 26 ALDEN ST		City and State: PROVINCETOWN MA 02657	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 39
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	79.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	79.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	63.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	57.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	20	40.8	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	18	36.7	15.3	39.1
Residents requiring restraints.	13	26.5	17.4	31.7
Confused or disoriented residents.	27	55.1	48.8	55.8
Residents with bed sores.	3	6.1	2.4	4.7
Residents receiving special skin care.	1	2.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARLINGTON GREEN ELDERCARE N H

Street Address: 210 ARLINGTON ST		City and State: QUINCY MA 02170	
Participation: MEDICAID ICF	# of Beds: 21	Type of Ownership: PROPRIETARY	Survey Date: 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	Medicare Residents: 0	Medicaid Residents: 15	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	85.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	18	85.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	8	38.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	19.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	38.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	6	28.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	23.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESTVIEW NURSING HOME

Street Address:		City and State:	
86 GREENLEAF ST		QUINCY MA 02169	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	0	31		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	55.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	61.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	61.2	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	51.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	26.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	14.3	15.3	39.1
Residents requiring restraints.	9	18.4	17.4	31.7
Confused or disoriented residents.	29	59.2	48.8	55.8
Residents with bed sores.	3	6.1	2.4	4.7
Residents receiving special skin care.	14	28.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JOHN ADAMS NURSING HOME

Street Address:		City and State:	
211 FRANKLIN ST		QUINCY MA 02169	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	40	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
39	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	92.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	94.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	79.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	79.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	74.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	5.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.6	34.6	37.7
Completely bedfast residents.	1	2.6	1.9	3.4
Residents confined to chairs.	25	64.1	41.4	50.8
Residents requiring restraints.	29	74.4	41.2	41.3
Confused or disoriented residents.	29	74.4	58.8	58.4
Residents with bed sores.	3	7.7	5.2	7.1
Residents receiving special skin care.	8	20.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERRYMOUNT MANOR NURSING HOME

Street Address: 38 EDGEEMERE RD		City and State: QUINCY MA 02169	
Participation: MEDICAID ICF	# of Beds: 23	Type of Ownership: PROPRIETARY	Survey Date: 06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	Medicare Residents: 0	Medicaid Residents: 19	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	87.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	69.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	7	30.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	13.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	13.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	1	4.3	17.4	31.7
Confused or disoriented residents.	23	100	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	7	30.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESIDENTIAL CONV HOME

Street Address: 43 OLD COLONY AVE		City and State: QUINCY MA 02170	
Participation: MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	Medicare Residents: 0	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	84.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	67.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	50.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	61.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	58.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	15.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	13	15.1	41.4	50.8
Residents requiring restraints.	31	36.0	41.2	41.3
Confused or disoriented residents.	38	44.2	58.8	58.4
Residents with bed sores.	10	11.6	5.2	7.1
Residents receiving special skin care.	22	25.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUINCY NURSING HOME

Street Address: 11 THOMAS MCGRATH HIGHWAY		City and State: QUINCY MA 02169	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 139	Type of Ownership: PROPRIETARY	Survey Date: 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 137	Medicare Residents: 0	Medicaid Residents: 94
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	89.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	89.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	71.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	74.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	75.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	40.1	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	51	37.2	41.4	50.8
Residents requiring restraints.	101	73.7	41.2	41.3
Confused or disoriented residents.	24	17.5	58.8	58.4
Residents with bed sores.	5	3.6	5.2	7.1
Residents receiving special skin care.	87	63.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROBBIN HOUSE CONV HOME

Street Address:		City and State:	
205 ELM STREET		QUINCY MA 02169	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	114	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	51.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	64.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	56.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	50.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	14.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	33.3	41.4	50.8
Residents requiring restraints.	42	36.8	41.2	41.3
Confused or disoriented residents.	47	41.2	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	114	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLIAM B RICE EVENTIDE HOME

Street Address:		City and State:	
215 ADAMS ST		QUINCY MA 02169	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	53	NON-PROFIT OTHER	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
50	0	22	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	36.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	26.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	24.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	20.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	26.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	8.0	16.1	29.3
Completely bedfast residents.	2	4.0	0.6	3.6
Residents confined to chairs.	8	16.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	11	22.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	15	30.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLLYWELL NURS HME

Street Address: 975 N MAIN ST		City and State: RANDOLPH MA 02368	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 139	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 55	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	119	88.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	83.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	75.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	71.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	77.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	42.2	34.6	37.7
Completely bedfast residents.	2	1.5	1.9	3.4
Residents confined to chairs.	82	60.7	41.4	50.8
Residents requiring restraints.	83	61.5	41.2	41.3
Confused or disoriented residents.	97	71.9	58.8	58.4
Residents with bed sores.	10	7.4	5.2	7.1
Residents receiving special skin care.	78	57.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DANIELS NURSING HOME

Street Address:		City and State:	
59 MIDDLESEX AVE		READING MA 01867	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	30	PROPRIETARY	12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
30	0	13	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	93.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	60.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	43.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	33.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	13.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	20.0	15.3	39.1
Residents requiring restraints.	3	10.0	17.4	31.7
Confused or disoriented residents.	10	33.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	10.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOMERSET NURSING HOME

Street Address:		City and State:	
1364 MAIN STREET		READING MA 01867	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
30	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	83.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	24	80.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	20.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	3.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	4	13.3	41.4	50.8
Residents requiring restraints.	10	33.3	41.2	41.3
Confused or disoriented residents.	11	36.7	58.8	58.4
Residents with bed sores.	2	6.7	5.2	7.1
Residents receiving special skin care.	15	50.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANNEMARK NURSING HOME INC

Street Address:		City and State:	
133 SALEM STREET		REVERE MA 02151	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	140	PROPRIETARY	04/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
135	0	105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	76.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	81.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	63.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	67.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	51.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	23.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	32.6	41.4	50.8
Residents requiring restraints.	57	42.2	41.2	41.3
Confused or disoriented residents.	83	61.5	58.8	58.4
Residents with bed sores.	1	0.7	5.2	7.1
Residents receiving special skin care.	68	50.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ATLANTICARE NURSING HOMES, INC.

Street Address:		City and State:	
204 PROCTOR AVENUE		REVERE MA 02151	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
123	1	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	78.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	74.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	62.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	62.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	14.6	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	32	26.0	41.4	50.8
Residents requiring restraints.	39	31.7	41.2	41.3
Confused or disoriented residents.	24	19.5	58.8	58.4
Residents with bed sores.	6	4.9	5.2	7.1
Residents receiving special skin care.	44	35.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK ISLAND SKILLED NURSING CENTER

Street Address: 400 REVERE BEACH BOULEVARD		City and State: REVERE MA 02151	
Participation: MEDICAID SNF/ICF	# of Beds: 136	Type of Ownership: PROPRIETARY	Survey Date: 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	Medicare Residents: 0	Medicaid Residents: 129	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	61.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	68.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	56.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	67.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	55.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	8.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.9	34.6	37.7
Completely bedfast residents.	2	1.5	1.9	3.4
Residents confined to chairs.	60	44.8	41.4	50.8
Residents requiring restraints.	66	49.3	41.2	41.3
Confused or disoriented residents.	98	73.1	58.8	58.4
Residents with bed sores.	7	5.2	5.2	7.1
Residents receiving special skin care.	67	50.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEL-MANOR N H

Street Address: 54 WEBSTER ST		City and State: ROCKLAND MA 02370	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 4	Medicaid Residents: 77	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	101	94.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	103	96.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	94.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	95.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	85.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	46.7	34.6	37.7
Completely bedfast residents.	2	1.9	1.9	3.4
Residents confined to chairs.	92	86.0	41.4	50.8
Residents requiring restraints.	35	32.7	41.2	41.3
Confused or disoriented residents.	68	63.6	58.8	58.4
Residents with bed sores.	7	6.5	5.2	7.1
Residents receiving special skin care.	107	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINDEN NURSING HOME

Street Address:		City and State:	
167 W WATER ST		ROCKLAND MA 02370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	19	PROPRIETARY	08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
19	0	18		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	73.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	7	36.8	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	21.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	21.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	5.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	5.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	1	5.3	17.4	31.7
Confused or disoriented residents.	5	26.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	15.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTH SHORE NURSING FACILITY

Street Address:		City and State:	
115 NORTH AVE		ROCKLAND MA 02370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	84	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
83	0	66		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	69.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	84.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	71.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	73.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	54.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	15.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	27.7	41.4	50.8
Residents requiring restraints.	37	44.6	41.2	41.3
Confused or disoriented residents.	60	72.3	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	24	28.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEN-MAR N H

Street Address: 44 SOUTH ST		City and State: ROCKPORT MA 01966	
Participation: MEDICAID SNF/ICF	# of Beds: 80	Type of Ownership: PROPRIETARY	Survey Date: 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 51
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	82.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	74.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	66.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	73.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	19.2	41.4	50.8
Residents requiring restraints.	23	29.5	41.2	41.3
Confused or disoriented residents.	42	53.8	58.8	58.4
Residents with bed sores.	2	2.6	5.2	7.1
Residents receiving special skin care.	4	5.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE RECUPERATIVE CENTER

Street Address: 1245 CENTRE ST		City and State: ROSLINDALE MA 02131	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 81	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 13	Medicaid Residents: 18		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	52.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	37	64.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	31	54.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	68.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	26.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	10.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	7	12.3	41.4	50.8
Residents requiring restraints.	6	10.5	41.2	41.3
Confused or disoriented residents.	8	14.0	58.8	58.4
Residents with bed sores.	4	7.0	5.2	7.1
Residents receiving special skin care.	7	12.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SEA VIEW CONV AND NURSING HOME

Street Address:		City and State:	
MANSION DR		ROWLEY MA 01969	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	61	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
60	0	25		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	53.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	70.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	48.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	93.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	46.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	8	13.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	13.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	8.3	15.3	39.1
Residents requiring restraints.	9	15.0	17.4	31.7
Confused or disoriented residents.	26	43.3	48.8	55.8
Residents with bed sores.	1	1.7	2.4	4.7
Residents receiving special skin care.	3	5.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ENGLEWOOD N H

Street Address: 27 HOWLAND ST		City and State: ROXBURY MA 02119	
Participation: MEDICAID ICF	# of Beds: 35	Type of Ownership: PROPRIETARY	Survey Date: 05/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 35
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	100	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	25	71.4	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	10	28.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	31.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	28.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	8.6	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	22	62.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	9	25.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAK HAVEN NURSING HOME

Street Address: 74 HOWLAND ST		City and State: ROXBURY MA 02121	
Participation: MEDICAID ICF	# of Beds: 38	Type of Ownership: PROPRIETARY	Survey Date: 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	Medicare Residents: 0	Medicaid Residents: 31
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	42.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	0	0.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTHAVEN CORPORATION

Street Address:		City and State:	
120 FISHER AVE		ROXBURY MA 02120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	240	NON-PROFIT OTHER	02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
230	0	209

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	193	83.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	166	72.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	155	67.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	171	74.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	136	59.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	17.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	107	46.5	41.4	50.8
Residents requiring restraints.	114	49.6	41.2	41.3
Confused or disoriented residents.	178	77.4	58.8	58.4
Residents with bed sores.	12	5.2	5.2	7.1
Residents receiving special skin care.	24	10.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHERIFF MANOR NURSING HOME

Street Address: 176 HUMBOLDT AVE		City and State: ROXBURY MA 02119	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 58	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	81.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	58	100	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	19	32.8	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	8.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	22.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	6.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	9	15.5	17.4	31.7
Confused or disoriented residents.	45	77.6	48.8	55.8
Residents with bed sores.	1	1.7	2.4	4.7
Residents receiving special skin care.	9	15.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MONICAS HOME

Street Address:		City and State:	
17 HIGHLAND PARK ST		ROXBURY MA 02119	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	42	NON-PROFIT RELIGIOUS	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	41	97.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	95.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	92.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	59.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	90.5	41.4	50.8
Residents requiring restraints.	1	2.4	41.2	41.3
Confused or disoriented residents.	38	90.5	58.8	58.4
Residents with bed sores.	7	16.7	5.2	7.1
Residents receiving special skin care.	42	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RUTLAND HEIGHTS HOSP

Street Address:		City and State:	
MAPLE AVE		RUTLAND MA 01543	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	36	STATE GOVERNMENT	11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
27	8	13		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	26	96.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	96.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	96.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	92.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	18.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	66.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	26	96.3	41.4	50.8
Residents requiring restraints.	24	88.9	41.2	41.3
Confused or disoriented residents.	10	37.0	58.8	58.4
Residents with bed sores.	3	11.1	5.2	7.1
Residents receiving special skin care.	20	74.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWHALL NURSING HOME

Street Address:		City and State:	
7 CARPENTER ST		SALEM MA 01970	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	47	PROPRIETARY	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	54.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	67.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	47.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	32.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	8.7	15.3	39.1
Residents requiring restraints.	9	19.6	17.4	31.7
Confused or disoriented residents.	21	45.7	48.8	55.8
Residents with bed sores.	1	2.2	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAUGHNESSY KAPLAN REHAB HOSPITAL

Street Address: DOVE AVENUE		City and State: SALEM MA 01970	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 40	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 30	Medicaid Residents: 5
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	74.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	94.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	94.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	31.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	11.4	34.6	37.7
Completely bedfast residents.	1	2.9	1.9	3.4
Residents confined to chairs.	11	31.4	41.4	50.8
Residents requiring restraints.	5	14.3	41.2	41.3
Confused or disoriented residents.	10	28.6	58.8	58.4
Residents with bed sores.	8	22.9	5.2	7.1
Residents receiving special skin care.	16	45.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENLEAF HOUSE NURSING HOME

Street Address:		City and State:	
ELM ST		SALISBURY MA 01950	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	72.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	69.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	44.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	48.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.2	16.1	29.3
Completely bedfast residents.	1	1.7	0.6	3.6
Residents confined to chairs.	9	15.5	15.3	39.1
Residents requiring restraints.	6	10.3	17.4	31.7
Confused or disoriented residents.	32	55.2	48.8	55.8
Residents with bed sores.	1	1.7	2.4	4.7
Residents receiving special skin care.	35	60.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW BOSTON CONV NURSING HOME

Street Address:		City and State:	
ROUTE 57		SANDISFIELD MA 01255	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	PROPRIETARY	08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
51	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	54.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	33.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	17.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	33.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	41.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	7.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	9	17.6	15.3	39.1
Residents requiring restraints.	7	13.7	17.4	31.7
Confused or disoriented residents.	9	17.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CAPE HERITAGE NURSING HOME

Street Address: 37 ROUTE 6A		City and State: SANDWICH MA 02563	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 0	Medicaid Residents: 89
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	72.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	78.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	71	59.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	77.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	67.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	20.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	36.1	41.4	50.8
Residents requiring restraints.	54	45.4	41.2	41.3
Confused or disoriented residents.	75	63.0	58.8	58.4
Residents with bed sores.	8	6.7	5.2	7.1
Residents receiving special skin care.	42	35.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBAY HILL NH, INC.

Street Address: 163 HAMILTON ST		City and State: SAUGUS MA 01906	
Participation: MEDICAID ICF	# of Beds: 30	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 26
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	26.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	70.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	66.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	83.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	40.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	6.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	6.7	15.3	39.1
Residents requiring restraints.	5	16.7	17.4	31.7
Confused or disoriented residents.	13	43.3	48.8	55.8
Residents with bed sores.	1	3.3	2.4	4.7
Residents receiving special skin care.	2	6.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LOUISE CAROLINE NURSING HOME

Street Address:		City and State:	
266 LINCOLN AVENUE		SAUGUS MA 01906	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
78	0	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	55.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	74.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	56.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	61.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	43.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	24.4	41.4	50.8
Residents requiring restraints.	19	24.4	41.2	41.3
Confused or disoriented residents.	33	42.3	58.8	58.4
Residents with bed sores.	7	9.0	5.2	7.1
Residents receiving special skin care.	5	6.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH SHORE CONV HOME

Street Address:		City and State:	
73 CHESTNUT ST		SAUGUS MA 01906	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	104	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
102	0	80		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	56.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	69.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	75.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	65.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	24.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	37.3	41.4	50.8
Residents requiring restraints.	44	43.1	41.2	41.3
Confused or disoriented residents.	40	39.2	58.8	58.4
Residents with bed sores.	4	3.9	5.2	7.1
Residents receiving special skin care.	52	51.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARDIGAN N H

Street Address: 59 COUNTRY WAY		City and State: SCITUATE MA 02040	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	Medicare Residents: 0	Medicaid Residents: 30	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	52.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	68.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	57.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	52.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	52.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	3.2	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	28.6	16.1	29.3
Completely bedfast residents.	1	1.6	0.6	3.6
Residents confined to chairs.	9	14.3	15.3	39.1
Residents requiring restraints.	7	11.1	17.4	31.7
Confused or disoriented residents.	38	60.3	48.8	55.8
Residents with bed sores.	2	3.2	2.4	4.7
Residents receiving special skin care.	9	14.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SCITUATE OCEAN MANOR NURSING HOME

Street Address:		City and State:	
309 DRIFTWAY		SCITUATE MA 02066	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	76.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	83.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	68.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	71.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	64.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	23	20.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	33.3	34.6	37.7
Completely bedfast residents.	6	5.3	1.9	3.4
Residents confined to chairs.	55	48.2	41.4	50.8
Residents requiring restraints.	30	26.3	41.2	41.3
Confused or disoriented residents.	78	68.4	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	70	61.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHARON MANOR NURSING HOME

Street Address: 259 NORWOOD STREET		City and State: SHARON MA 02067	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 1	Medicaid Residents: 28
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	78.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	84.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	84.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	86.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	77.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	40	70.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	29.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	40.4	41.4	50.8
Residents requiring restraints.	43	75.4	41.2	41.3
Confused or disoriented residents.	42	73.7	58.8	58.4
Residents with bed sores.	1	1.8	5.2	7.1
Residents receiving special skin care.	57	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANCHORAGE NURSING HOME

Street Address:		City and State:	
MOHAWK TRAIL		SHELBURNE FALLS MA 01370	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	35	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	94.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	85.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	62.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	80.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	37.1	16.1	29.3
Completely bedfast residents.	2	5.7	0.6	3.6
Residents confined to chairs.	7	20.0	15.3	39.1
Residents requiring restraints.	11	31.4	17.4	31.7
Confused or disoriented residents.	21	60.0	48.8	55.8
Residents with bed sores.	1	2.9	2.4	4.7
Residents receiving special skin care.	15	42.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELDONVILLE NURSING HOME

Street Address:		City and State:	
1022 WEST ST		SHELDONVILLE MA 02070	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	50	NON-PROFIT PRIVATE	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
50	0	42		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	86.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	76.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	68.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	56.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	14.0	15.3	39.1
Residents requiring restraints.	5	10.0	17.4	31.7
Confused or disoriented residents.	19	38.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	18	36.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHREWSBURY N H

Street Address: 66 SOUTH ST		City and State: SHREWSBURY MA 01545	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	Medicare Residents: 0	Medicaid Residents: 56
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	79.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	85.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	88.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	91.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	90.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	33.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	18.3	41.4	50.8
Residents requiring restraints.	51	44.3	41.2	41.3
Confused or disoriented residents.	51	44.3	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	73	63.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLIFTON GERIATRIC CENTER L T C F

Street Address: 500 WILBUR AVE		City and State: SOMERSET MA 02725	
Participation: MEDICAID SNF/ICF	# of Beds: 130	Type of Ownership: PROPRIETARY	Survey Date: 04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 129	Medicare Residents: 0	Medicaid Residents: 90	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	81.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	86.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	69.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	67.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	51.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	26	20.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	35.7	34.6	37.7
Completely bedfast residents.	6	4.7	1.9	3.4
Residents confined to chairs.	35	27.1	41.4	50.8
Residents requiring restraints.	50	38.8	41.2	41.3
Confused or disoriented residents.	81	62.8	58.8	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	22	17.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEANNE JUGAN RESIDENCE

Street Address: 186 HIGHLAND AVE		City and State: SOMERVILLE MA 02143	
Participation: MEDICAID SNF/ICF	# of Beds: 95	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 52
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	86.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	98.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	65.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	71.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	21.7	34.6	37.7
Completely bedfast residents.	2	3.3	1.9	3.4
Residents confined to chairs.	27	45.0	41.4	50.8
Residents requiring restraints.	13	21.7	41.2	41.3
Confused or disoriented residents.	32	53.3	58.8	58.4
Residents with bed sores.	1	1.7	5.2	7.1
Residents receiving special skin care.	17	28.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT HILL MANOR N H

Street Address: 37 MUNROE ST		City and State: SOMERVILLE MA 02143	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 38
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	95.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	6	15.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	7	17.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	5.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	17.5	45.5	59.1
 Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	5.0	16.1	29.3
 Completely bedfast residents.	0	0.0	0.6	3.6
 Residents confined to chairs.	1	2.5	15.3	39.1
 Residents requiring restraints.	0	0.0	17.4	31.7
 Confused or disoriented residents.	16	40.0	48.8	55.8
 Residents with bed sores.	0	0.0	2.4	4.7
 Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNRISE NRSG HME

Street Address: 26 ADAMS ST		City and State: SOMERVILLE MA 02145	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: PROPRIETARY	Survey Date: 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 29
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	30	75.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	20	50.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	75.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	45.5	59.1
 Residents on individually written bowel and bladder retraining program.	1	2.5	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.0	16.1	29.3
 Completely bedfast residents.	0	0.0	0.6	3.6
 Residents confined to chairs.	2	5.0	15.3	39.1
 Residents requiring restraints.	0	0.0	17.4	31.7
 Confused or disoriented residents.	22	55.0	48.8	55.8
 Residents with bed sores.	2	5.0	2.4	4.7
 Residents receiving special skin care.	1	2.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAYSIDE N H

Street Address: 804 E 7TH ST		City and State: SOUTH BOSTON MA 02127	
Participation: MEDICAID SNF/ICF	# of Beds: 103	Type of Ownership: PROPRIETARY	Survey Date: 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	Medicare Residents: 0	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	71.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	66.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	56.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	71.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	42.7	41.4	50.8
Residents requiring restraints.	31	30.1	41.2	41.3
Confused or disoriented residents.	62	60.2	58.8	58.4
Residents with bed sores.	5	4.9	5.2	7.1
Residents receiving special skin care.	56	54.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARBOR INN NURSING HOME

Street Address:		City and State:	
1380 COLUMBIA ROAD		SOUTH BOSTON MA 02127	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	111.	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
108		0		79	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	79.6	69.2	78.3
Dressing					
Residents requiring some or total assistance in dressing.		78	72.2	76.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		23	21.3	45.4	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		24	22.2	61.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	21.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.3	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		6	5.6	16.1	29.3
Completely bedfast residents.		0	0.0	0.6	3.6
Residents confined to chairs.		7	6.5	15.3	39.1
Residents requiring restraints.		13	12.0	17.4	31.7
Confused or disoriented residents.		57	52.8	48.8	55.8
Residents with bed sores.		2	1.9	2.4	4.7
Residents receiving special skin care.		10	9.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRANDON WOODS LONG TERM CARE FAC

Street Address: 567 DARTMOUTH ST		City and State: SOUTH DARTMOUTH MA 02748	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 108	Type of Ownership: PROPRIETARY	Survey Date: 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	Medicare Residents: 38	Medicaid Residents: 64	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	69.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	70.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	61.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	67.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	51.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	27.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	49	46.2	41.4	50.8
Residents requiring restraints.	37	34.9	41.2	41.3
Confused or disoriented residents.	40	37.7	58.8	58.4
Residents with bed sores.	9	8.5	5.2	7.1
Residents receiving special skin care.	5	4.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSIDE NURSING HOME

Street Address:		City and State:	
NORTH HILLSIDE RD		SOUTH DEERFIELD MA 01343	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	54	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	55.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	72.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	63.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	21.3	15.3	39.1
Residents requiring restraints.	11	23.4	17.4	31.7
Confused or disoriented residents.	22	46.8	48.8	55.8
Residents with bed sores.	1	2.1	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAGLE POND NURSING HOME

Street Address: 1 LOVE LANE, P.O.BOX 208		City and State: SOUTH DENNIS MA 02660	
Participation: MEDICAID SNF/ICF	# of Beds: 142	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	Medicare Residents: 0	Medicaid Residents: 83
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	65.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	106	80.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	120	90.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	44.7	70.5	68.2
 Residents on individually written bowel and bladder retraining program.	3	2.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	12.1	34.6	37.7
 Completely bedfast residents.	1	0.8	1.9	3.4
 Residents confined to chairs.	24	18.2	41.4	50.8
 Residents requiring restraints.	59	44.7	41.2	41.3
 Confused or disoriented residents.	59	44.7	58.8	58.4
 Residents with bed sores.	13	9.8	5.2	7.1
 Residents receiving special skin care.	103	78.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FALLS NURSING HOME

Street Address:		City and State:	
18 HARTFORD ST		SOUTH HADLEY FALLS MA 01075	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	44	PROPRIETARY	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	9.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	38.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	31.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	70.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	36.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	6.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.3	15.3	39.1
Residents requiring restraints.	8	18.2	17.4	31.7
Confused or disoriented residents.	15	34.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	6.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINDSOR NURSING & RETIREMENT HOME

Street Address:		City and State:	
265 NORTH MAIN STREET		SOUTH YARMOUTH MA 02664	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
114	0	59		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	72.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	78.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	56.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	45.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	14.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	16.7	41.4	50.8
Residents requiring restraints.	35	30.7	41.2	41.3
Confused or disoriented residents.	54	47.4	58.8	58.4
Residents with bed sores.	7	6.1	5.2	7.1
Residents receiving special skin care.	24	21.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVIDENCE HOUSE NH OF S.BRIDGE

Street Address: 84 CHAPIN STREET		City and State: SOUTHBRIDGE MA 01550	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 226	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 225	Medicare Residents: 2	Medicaid Residents: 182
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	166	73.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	176	78.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	143	63.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	173	76.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	60.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	28.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	100	44.4	41.4	50.8
Residents requiring restraints.	64	28.4	41.2	41.3
Confused or disoriented residents.	151	67.1	58.8	58.4
Residents with bed sores.	8	3.6	5.2	7.1
Residents receiving special skin care.	130	57.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHAPIN CENTER NURSING HOME

Street Address: 200 KENDALL ST		City and State: SPRINGFIELD MA 01104	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 0	Medicaid Residents: 106	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	76.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	130	83.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	115	74.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	74.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	70.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	5.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	34.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	69	44.5	41.4	50.8
Residents requiring restraints.	70	45.2	41.2	41.3
Confused or disoriented residents.	99	63.9	58.8	58.4
Residents with bed sores.	14	9.0	5.2	7.1
Residents receiving special skin care.	19	12.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CRESCENT HILL NURSING CENTER

Street Address: 370 PINE ST		City and State: SPRINGFIELD MA 01105	
Participation: MEDICAID SNF/ICF	# of Beds: 170	Type of Ownership: PROPRIETARY	Survey Date: 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	Medicare Residents: 0	Medicaid Residents: 155
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	77.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	79.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	47.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	71.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	44.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	6.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	14.5	34.6	37.7
Completely bedfast residents.	2	1.3	1.9	3.4
Residents confined to chairs.	53	33.3	41.4	50.8
Residents requiring restraints.	46	28.9	41.2	41.3
Confused or disoriented residents.	96	60.4	58.8	58.4
Residents with bed sores.	8	5.0	5.2	7.1
Residents receiving special skin care.	40	25.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINE MANOR N H

Street Address:		City and State:	
1190 LIBERTY ST		SPRINGFIELD MA 01104	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	101	PROPRIETARY	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
94	0	76		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	71.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	71.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	52.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	50.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	39.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	19.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	10.6	15.3	39.1
Residents requiring restraints.	17	18.1	17.4	31.7
Confused or disoriented residents.	36	38.3	48.8	55.8
Residents with bed sores.	1	1.1	2.4	4.7
Residents receiving special skin care.	19	20.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RING NURSING HOME-SOUTH

Street Address: 155 MILL STREET		City and State: SPRINGFIELD MA 01005	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 0	Medicaid Residents: 63	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	86.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	88	83.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	76	72.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	69.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	72.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	19.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	53	50.5	41.4	50.8
Residents requiring restraints.	47	44.8	41.2	41.3
Confused or disoriented residents.	83	79.0	58.8	58.4
Residents with bed sores.	1	1.0	5.2	7.1
Residents receiving special skin care.	11	10.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RING NURSING HOME/RIDGEWOOD

Street Address:		City and State:	
22 RIDGEWOOD PL		SPRINGFIELD MA 01105	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	126	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
122	0	111	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	75.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	80.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	56.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	71.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	65.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	14	11.5	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	42.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	39	32.0	15.3	39.1
Residents requiring restraints.	32	26.2	17.4	31.7
Confused or disoriented residents.	67	54.9	48.8	55.8
Residents with bed sores.	2	1.6	2.4	4.7
Residents receiving special skin care.	20	16.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRUCE MANOR NURSING HOME

Street Address: 388 CENTRAL ST		City and State: SPRINGFIELD MA 01105	
Participation: MEDICAID ICF	# of Beds: 150	Type of Ownership: PROPRIETARY	Survey Date: 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 0	Medicaid Residents: 128
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	78.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	69.9	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	42.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	30.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	47.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	1.5	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	8.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	44	32.4	15.3	39.1
Residents requiring restraints.	33	24.3	17.4	31.7
Confused or disoriented residents.	79	58.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	7	5.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAR HILL NURSING CENTER

Street Address:		City and State:	
11 NORTH ST		STONEHAM MA 02180	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
115	0	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	77.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	68.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	69.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	78.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	20.0	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	35	30.4	41.4	50.8
Residents requiring restraints.	45	39.1	41.2	41.3
Confused or disoriented residents.	77	67.0	58.8	58.4
Residents with bed sores.	4	3.5	5.2	7.1
Residents receiving special skin care.	33	28.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE NURSING HOME

Street Address: 12 BENTON ST		City and State: STONEHAM MA 02180	
Participation: MEDICAID ICF	# of Beds: 36	Type of Ownership: PROPRIETARY	Survey Date: 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	Medicare Residents: 0	Medicaid Residents: 15
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	66.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	66.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	55.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	77.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	80.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	13.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	13.9	15.3	39.1
Residents requiring restraints.	10	27.8	17.4	31.7
Confused or disoriented residents.	19	52.8	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	2	5.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLUE HILLS CONV HOME

Street Address: 1044 PARK ST		City and State: STOUGHTON MA 02072	
Participation: MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	Medicare Residents: 0	Medicaid Residents: 83	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	75.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	82.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	70.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	33.0	41.4	50.8
Residents requiring restraints.	23	23.7	41.2	41.3
Confused or disoriented residents.	63	64.9	58.8	58.4
Residents with bed sores.	7	7.2	5.2	7.1
Residents receiving special skin care.	40	41.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORFOLK NURSING HOME

Street Address:		City and State:	
94 PROSPECT ST		STOUGHTON MA 02072	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	59	PROPRIETARY	03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	62.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	65.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	43.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	37.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	37.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	5	8.6	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	20.7	16.1	29.3
Completely bedfast residents.	1	1.7	0.6	3.6
Residents confined to chairs.	12	20.7	15.3	39.1
Residents requiring restraints.	6	10.3	17.4	31.7
Confused or disoriented residents.	27	46.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	10	17.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COZY CORNER NURSING HOME

Street Address: OLD AMHERST RD		City and State: SUNDERLAND MA 01375	
Participation: MEDICAID ICF	# of Beds: 57	Type of Ownership: PROPRIETARY	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
55	0	30			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		35	63.6	69.2	78.3
Dressing					
Residents requiring some or total assistance in dressing.		38	69.1	76.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		34	61.8	45.4	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	81.8	61.8	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		40	72.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.3	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	14.5	16.1	29.3
Completely bedfast residents.		0	0.0	0.6	3.6
Residents confined to chairs.		10	18.2	15.3	39.1
Residents requiring restraints.		5	9.1	17.4	31.7
Confused or disoriented residents.		38	69.1	48.8	55.8
Residents with bed sores.		2	3.6	2.4	4.7
Residents receiving special skin care.		16	29.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH REHAB CENTER

Street Address: 330 PARADISE RD		City and State: SWAMPSCOTT MA 01907	
Participation: MEDICAID SNF/ICF	# of Beds: 171	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 167	Medicare Residents: 0	Medicaid Residents: 138
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	140	83.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	80.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	70.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	129	77.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	128	76.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	30	18.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	41.9	34.6	37.7
Completely bedfast residents.	3	1.8	1.9	3.4
Residents confined to chairs.	71	42.5	41.4	50.8
Residents requiring restraints.	56	33.5	41.2	41.3
Confused or disoriented residents.	107	64.1	58.8	58.4
Residents with bed sores.	10	6.0	5.2	7.1
Residents receiving special skin care.	47	28.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY GARDENS N H

Street Address:		City and State:	
2045 G A R HIGHWAY		SWANSEA MA 02777	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	86	PROPRIETARY	03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
85	1	68	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	91.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	94.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	85.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	85.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	78.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	7.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	43.5	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	65	76.5	41.4	50.8
Residents requiring restraints.	46	54.1	41.2	41.3
Confused or disoriented residents.	56	65.9	58.8	58.4
Residents with bed sores.	11	12.9	5.2	7.1
Residents receiving special skin care.	54	63.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARDNER'S GROVE NRSG HME

Street Address:		City and State:	
924 GARDNERS NECK RD		SWANSEA MA 02777	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	27	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
24	0	23		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	95.8	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	41.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	37.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	8.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	4.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	12.5	15.3	39.1
Residents requiring restraints.	4	16.7	17.4	31.7
Confused or disoriented residents.	13	54.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	2	8.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LONGMEADOW OF TAUNTON: A SNF

Street Address: 68 DEAN ST, REAR		City and State: TAUNTON MA 02780	
Participation: MEDICAID SNF/ICF	# of Beds: 100	Type of Ownership: PROPRIETARY	Survey Date: 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	Medicare Residents: 0	Medicaid Residents: 75	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	58	58.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	64	64.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	57.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	39.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	15.2	41.4	50.8
Residents requiring restraints.	38	38.4	41.2	41.3
Confused or disoriented residents.	62	62.6	58.8	58.4
Residents with bed sores.	10	10.1	5.2	7.1
Residents receiving special skin care.	21	21.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARION MANOR OF TAUNTON

Street Address:		City and State:	
33 SUMMER ST		TAUNTON MA 02780	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	83	NON-PROFIT RELIGIOUS	06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	89.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	83.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	75.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	67.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	28.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	71.1	41.4	50.8
Residents requiring restraints.	32	38.6	41.2	41.3
Confused or disoriented residents.	40	48.2	58.8	58.4
Residents with bed sores.	2	2.4	5.2	7.1
Residents receiving special skin care.	77	92.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TAUNTON NURSING HOME

Street Address: 350 NORTON AVE		City and State: TAUNTON MA 02780	
Participation: MEDICAID ICF	# of Beds: 39	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	Medicare Residents: 0	Medicaid Residents: 19		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	84.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	89.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	78.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	73.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	5	26.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	26.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	26.3	15.3	39.1
Residents requiring restraints.	3	15.8	17.4	31.7
Confused or disoriented residents.	14	73.7	48.8	55.8
Residents with bed sores.	2	10.5	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEDGEMERE CONV HOME

Street Address:		City and State:	
146 DEAN ST		TAUNTON MA 02780	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	82	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	86.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	86.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	72.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	65.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.2	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	25	31.3	41.4	50.8
Residents requiring restraints.	28	35.0	41.2	41.3
Confused or disoriented residents.	38	47.5	58.8	58.4
Residents with bed sores.	7	8.7	5.2	7.1
Residents receiving special skin care.	80	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOWLTON MANOR N H

Street Address:		City and State:	
145 MAIN STREET		UPTON MA 01587	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
37	0	34		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	91.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	75.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	51.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	45.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	37.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	10.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	16.2	15.3	39.1
Residents requiring restraints.	6	16.2	17.4	31.7
Confused or disoriented residents.	14	37.8	48.8	55.8
Residents with bed sores.	1	2.7	2.4	4.7
Residents receiving special skin care.	1	2.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENVIEW MANOR NURS HOME

Street Address:		City and State:	
BATHOL ST		WAKEFIELD MA 01880	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	108	PROPRIETARY	07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
106	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	83.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	87.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	79.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	78.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	41.5	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	38	35.8	41.4	50.8
Residents requiring restraints.	47	44.3	41.2	41.3
Confused or disoriented residents.	81	76.4	58.8	58.4
Residents with bed sores.	9	8.5	5.2	7.1
Residents receiving special skin care.	33	31.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWOODS NURSING HOME

Street Address:		City and State:	
90 GREENWOOD ST		WAKEFIELD MA 01880	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	36	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	0	18		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	58.8	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	82.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	55.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	94.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	14.7	15.3	39.1
Residents requiring restraints.	4	11.8	17.4	31.7
Confused or disoriented residents.	18	52.9	48.8	55.8
Residents with bed sores.	1	2.9	2.4	4.7
Residents receiving special skin care.	4	11.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KIRKWOOD NURSING HOME

Street Address: 202 MAIN ST		City and State: WAKEFIELD MA 01880	
Participation: MEDICAID ICF	# of Beds: 32	Type of Ownership: PROPRIETARY	Survey Date: 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	Medicare Residents: 0	Medicaid Residents: 16
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	46.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	70.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	46.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	60.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	30.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	43.3	16.1	29.3
Completely bedfast residents.	2	6.7	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	14	46.7	48.8	55.8
Residents with bed sores.	1	3.3	2.4	4.7
Residents receiving special skin care.	2	6.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem, or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE A BB EY FOREST NURSING HOME

Street Address:		City and State:	
50 FOREST STREET		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	37	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
34	0	34		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	52.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	94.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	23.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	44.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	20.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	17.6	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.9	15.3	39.1
Residents requiring restraints.	4	11.8	17.4	31.7
Confused or disoriented residents.	30	88.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	4	11.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

HOPKINS NURSING HOME, INC.

Street Address:		City and State:	
508 LEXINGTON ST		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	19	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
19	0	16	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	73.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	73.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	47.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	47.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	57.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	9	47.4	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	21.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	5.3	15.3	39.1
Residents requiring restraints.	6	31.6	17.4	31.7
Confused or disoriented residents.	7	36.8	48.8	55.8
Residents with bed sores.	1	5.3	2.4	4.7
Residents receiving special skin care.	19	100	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LARCHWOOD LODGE NURSING HOME, INC.

Street Address:		City and State:	
221 WORCESTER LANE		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	32	PROPRIETARY	03/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
30	0	25	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	80.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	80.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	63.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	53.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	66.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	17	56.7	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	13.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.3	15.3	39.1
Residents requiring restraints.	7	23.3	17.4	31.7
Confused or disoriented residents.	18	60.0	48.8	55.8
Residents with bed sores.	3	10.0	2.4	4.7
Residents receiving special skin care.	13	43.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARISTHILL NURSING HOME

Street Address:		City and State:	
66 NEWTON ST		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	123	NON-PROFIT RELIGIOUS	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	84.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	82.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	70.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	65.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	33	28.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	16.2	34.6	37.7
Completely bedfast residents.	4	3.4	1.9	3.4
Residents confined to chairs.	45	38.5	41.4	50.8
Residents requiring restraints.	53	45.3	41.2	41.3
Confused or disoriented residents.	54	46.2	58.8	58.4
Residents with bed sores.	8	6.8	5.2	7.1
Residents receiving special skin care.	58	49.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

PIETY CORNER NURSING HOME

Street Address:		City and State:	
325 BACON ST		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	34	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	51.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	48.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	30.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	87.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	30.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	8	24.2	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	12.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	9	27.3	15.3	39.1
Residents requiring restraints.	8	24.2	17.4	31.7
Confused or disoriented residents.	14	42.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	12	36.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROSPECT HILL NURSING HOME

Street Address:		City and State:	
31 WOODLAND RD		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	28	PROPRIETARY	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	92.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	75.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	32.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	14.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	7.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.6	15.3	39.1
Residents requiring restraints.	4	14.3	17.4	31.7
Confused or disoriented residents.	15	53.6	48.8	55.8
Residents with bed sores.	1	3.6	2.4	4.7
Residents receiving special skin care.	7	25.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESERVOIR NURSING HOME

Street Address:		City and State:	
1841 TRAPELO RD		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	0	66		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	92.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	92.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	52.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	94.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	55.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	6.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	27.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	15.5	41.4	50.8
Residents requiring restraints.	46	39.7	41.2	41.3
Confused or disoriented residents.	25	21.6	58.8	58.4
Residents with bed sores.	9	7.8	5.2	7.1
Residents receiving special skin care.	51	44.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WALTHAM NURSING HOME

Street Address:		City and State:	
91 SUMMER ST		WALTHAM MA 02154	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	29	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	51.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	58.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	27.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	86.2	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	55.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	20.7	16.1	29.3
Completely bedfast residents.	2	6.9	0.6	3.6
Residents confined to chairs.	5	17.2	15.3	39.1
Residents requiring restraints.	7	24.1	17.4	31.7
Confused or disoriented residents.	17	58.6	48.8	55.8
Residents with bed sores.	1	3.4	2.4	4.7
Residents receiving special skin care.	12	41.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLAND THATCHER N H

Street Address:		City and State:	
MAIN ST		WAREHAM MA 02571	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	108	PROPRIETARY	05/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
102	12	90		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	87.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	83.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	67.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	95.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	61.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	17.6	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	57	55.9	41.4	50.8
Residents requiring restraints.	35	34.3	41.2	41.3
Confused or disoriented residents.	65	63.7	58.8	58.4
Residents with bed sores.	6	5.9	5.2	7.1
Residents receiving special skin care.	46	45.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLEVIEW NURSING HOME

Street Address:		City and State:	
LOVER'S LANE RD		WASHINGTON MA 01223	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	PROPRIETARY	06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	50		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	50.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	78.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	57.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	98.2	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	18	32.1	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	18	32.1	15.3	39.1
Residents requiring restraints.	15	26.8	17.4	31.7
Confused or disoriented residents.	35	62.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	16	28.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHARLESGATE MANOR CONV HME

Street Address: 590 MAIN ST		City and State: WATERTOWN MA 02172	
Participation: MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	Medicare Residents: 0	Medicaid Residents: 70
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	92.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	90.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	82.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	55.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	19.4	34.6	37.7
Completely bedfast residents.	3	3.1	1.9	3.4
Residents confined to chairs.	46	46.9	41.4	50.8
Residents requiring restraints.	46	46.9	41.2	41.3
Confused or disoriented residents.	72	73.5	58.8	58.4
Residents with bed sores.	8	8.2	5.2	7.1
Residents receiving special skin care.	44	44.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EMERSON CONV HOME INC

Street Address: 59 COOLIDGE HILL RD		City and State: WATERTOWN MA 02172	
Participation: MEDICAID SNF/ICF	# of Beds: 163	Type of Ownership: PROPRIETARY	Survey Date: 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	Medicare Residents: 0	Medicaid Residents: 93
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	76.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	95.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	80.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	95	59.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	32.5	34.6	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	62	38.7	41.4	50.8
Residents requiring restraints.	68	42.5	41.2	41.3
Confused or disoriented residents.	86	53.7	58.8	58.4
Residents with bed sores.	14	8.7	5.2	7.1
Residents receiving special skin care.	52	32.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COCHITUATE NURSING HOME

Street Address:		City and State:	
188 COMMONWEALTH RD		WAYLAND MA 01778	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	40	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
40	0	17		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	77.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	85.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	77.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	62.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	62.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	25.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	11	27.5	15.3	39.1
Residents requiring restraints.	24	60.0	17.4	31.7
Confused or disoriented residents.	20	50.0	48.8	55.8
Residents with bed sores.	4	10.0	2.4	4.7
Residents receiving special skin care.	1	2.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KATHRYN BARTON NURS HOME INC

Street Address:		City and State:	
373 COMMONWEALTH RD		WAYLAND MA 01778	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	55	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
53	1	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	88.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	90.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	90.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	90.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	90.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	45.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	45.3	41.4	50.8
Residents requiring restraints.	32	60.4	41.2	41.3
Confused or disoriented residents.	32	60.4	58.8	58.4
Residents with bed sores.	2	3.8	5.2	7.1
Residents receiving special skin care.	31	58.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LANESSA EXTENDED CARE FACILITY

Street Address:		City and State:	
751 SCHOOL STREET		WEBSTER MA 01570	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	66	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
41	0	37	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	73.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	82.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	63.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	65.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	48.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	9.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	12	29.3	41.4	50.8
Residents requiring restraints.	7	17.1	41.2	41.3
Confused or disoriented residents.	17	41.5	58.8	58.4
Residents with bed sores.	2	4.9	5.2	7.1
Residents receiving special skin care.	9	22.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKWOOD CONV HOME

Street Address:		City and State:	
86 HARTLEY ST		WEBSTER MA 01570	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	81	PROPRIETARY	02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
78	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	61.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	80.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	76.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	73.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	76.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	26.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	25	32.1	41.4	50.8
Residents requiring restraints.	41	52.6	41.2	41.3
Confused or disoriented residents.	34	43.6	58.8	58.4
Residents with bed sores.	3	3.8	5.2	7.1
Residents receiving special skin care.	24	30.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEBSTER HOUSE LONG TERM CARE FAC

Street Address: 749 SCHOOL ST		City and State: WEBSTER MA 01570	
Participation: MEDICAID ICF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	Medicare Residents: 0	Medicaid Residents: 39	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	41.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	44.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	20.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	34.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	48.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	9.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	25	58.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	11.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEBSTER MANOR L.T.C. FACILITY

Street Address: 745 SCHOOL STREET		City and State: WEBSTER MA 01570	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	Medicare Residents: 0	Medicaid Residents: 120
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	73.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	86.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	83.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	83.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	80.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.3	34.6	37.7
Completely bedfast residents.	4	3.3	1.9	3.4
Residents confined to chairs.	80	66.7	41.4	50.8
Residents requiring restraints.	54	45.0	41.2	41.3
Confused or disoriented residents.	86	71.7	58.8	58.4
Residents with bed sores.	10	8.3	5.2	7.1
Residents receiving special skin care.	11	9.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ELIZABETH SETON RESIDENCE INC

Street Address:		City and State:	
125 QAKLAND ST		WELLESLEY MA 02181	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	65	NON-PROFIT RELIGIOUS	05/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	50	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	58.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	25	50.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	26	52.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	48.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	18	36.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	6	12.0	41.4	50.8
Residents requiring restraints.	6	12.0	41.2	41.3
Confused or disoriented residents.	23	46.0	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	50	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEWTON-WELLESLEY NURS HME

Street Address:		City and State:	
694 WORCESTER RD		WELLESLEY MA 02181	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	0	78		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	89.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	91.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	66.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	73.7	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	55.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	28.0	34.6	37.7
Completely bedfast residents.	4	3.4	1.9	3.4
Residents confined to chairs.	42	35.6	41.4	50.8
Residents requiring restraints.	48	40.7	41.2	41.3
Confused or disoriented residents.	72	61.0	58.8	58.4
Residents with bed sores.	9	7.6	5.2	7.1
Residents receiving special skin care.	18	15.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WELLESLEY MANOR NURSING HOME

Street Address: 878 WORCESTER ST		City and State: WELLESLEY MA 02181	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 97	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 1	Medicaid Residents: 63	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	88.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	83	88.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	79.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	76.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	75.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	48	51.1	41.4	50.8
Residents requiring restraints.	37	39.4	41.2	41.3
Confused or disoriented residents.	55	58.5	58.8	58.4
Residents with bed sores.	8	8.5	5.2	7.1
Residents receiving special skin care.	36	38.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKDALE NURSING HOME

Street Address:		City and State:	
86 N MAIN ST		WEST BOYLSTON MA 01583	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	80	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	98.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	88.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	77.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	73.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.0	34.6	37.7
Completely bedfast residents.	2	2.5	1.9	3.4
Residents confined to chairs.	27	34.2	41.4	50.8
Residents requiring restraints.	45	57.0	41.2	41.3
Confused or disoriented residents.	32	40.5	58.8	58.4
Residents with bed sores.	1	1.3	5.2	7.1
Residents receiving special skin care.	36	45.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE QUABOG NURSING HOME

Street Address:		City and State:	
32 MAIN ST		WEST BROOKFIELD MA 01585	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	129	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
127	0	71		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	81.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	80.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	91	71.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	92.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	71.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	55	43.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	21.3	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	34	26.8	41.4	50.8
Residents requiring restraints.	70	55.1	41.2	41.3
Confused or disoriented residents.	79	62.2	58.8	58.4
Residents with bed sores.	16	12.6	5.2	7.1
Residents receiving special skin care.	115	90.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HALE CONV AND NURSING HOME

Street Address:		City and State:	
24 MAIN ST		WEST GROTON MA 01472	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	36	PROPRIETARY	11/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	54.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	77.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	82.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	48.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	12	34.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	22.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	14.3	15.3	39.1
Residents requiring restraints.	6	17.1	17.4	31.7
Confused or disoriented residents.	8	22.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	13	37.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEUTSCHES ALTENHEIM HOME

Street Address: 2222 CENTRE ST		City and State: WEST ROXBURY MA 02132	
Participation: MEDICAID ICF	# of Beds: 40	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 22	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	70.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	30	75.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	25	62.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	67.5	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	55.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	5.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	20.0	16.1	29.3
Completely bedfast residents.	1	2.5	0.6	3.6
Residents confined to chairs.	6	15.0	15.3	39.1
Residents requiring restraints.	8	20.0	17.4	31.7
Confused or disoriented residents.	16	40.0	48.8	55.8
Residents with bed sores.	3	7.5	2.4	4.7
Residents receiving special skin care.	25	62.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE STAR OF DAVID CONV HOME

Street Address:		City and State:	
1100 VETERANS OF FOREIGN WARS PKWY		WEST ROXBURY MA 02132	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	146	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
142	0	117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	73.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	78.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	64.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	58.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	76.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	17.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	31.0	41.4	50.8
Residents requiring restraints.	31	21.8	41.2	41.3
Confused or disoriented residents.	97	68.3	58.8	58.4
Residents with bed sores.	15	10.6	5.2	7.1
Residents receiving special skin care.	28	19.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VFW PARKWAY NURSING HOME

Street Address: 1190 VFW PKWY		City and State: WEST ROXBURY MA 02132	
Participation: MEDICAID SNF/ICF	# of Beds: 140	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 135	Medicare Residents: 0	Medicaid Residents: 107	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	89.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	119	88.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	80.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	78.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	26.7	34.6	37.7
Completely bedfast residents.	2	1.5	1.9	3.4
Residents confined to chairs.	52	38.5	41.4	50.8
Residents requiring restraints.	55	40.7	41.2	41.3
Confused or disoriented residents.	73	54.1	58.8	58.4
Residents with bed sores.	11	8.1	5.2	7.1
Residents receiving special skin care.	135	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST ROXBURY MANOR NURSING HOME

Street Address:		City and State:	
5060 WASHINGTON ST		WEST ROXBURY MA 02132	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	76	PROPRIETARY	08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	78.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	81.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	81.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	75.7	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	74.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	17.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	43.2	41.4	50.8
Residents requiring restraints.	45	60.8	41.2	41.3
Confused or disoriented residents.	36	48.6	58.8	58.4
Residents with bed sores.	10	13.5	5.2	7.1
Residents receiving special skin care.	13	17.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARENDON HILL NURSING HOME

Street Address:		City and State:	
1323 BROADWAY		WEST SOMERVILLE MA 02144	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	58	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
53	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	39	73.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	98.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	60.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	56.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	7.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	15.1	15.3	39.1
Residents requiring restraints.	13	24.5	17.4	31.7
Confused or disoriented residents.	25	47.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	8	15.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERDALE GARDENS

Street Address: 42 PROSPECT ST		City and State: WEST SPRINGFIELD MA 01089	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 168	Type of Ownership: PROPRIETARY	Survey Date: 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	Medicare Residents: 1	Medicaid Residents: 66
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	69.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	78.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	111	68.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	75.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	59.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	88	54.3	34.6	37.7
Completely bedfast residents.	5	3.1	1.9	3.4
Residents confined to chairs.	98	60.5	41.4	50.8
Residents requiring restraints.	75	46.3	41.2	41.3
Confused or disoriented residents.	104	64.2	58.8	58.4
Residents with bed sores.	1	0.6	5.2	7.1
Residents receiving special skin care.	104	64.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST SPRINGFIELD NURSING HOME

Street Address:		City and State:	
217 WESTFIELD ST, P.O. BOX 1017		WEST SPRINGFIELD MA 01089	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	PROPRIETARY	05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	92.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	85.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	78.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	50.5	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	51	51.5	41.4	50.8
Residents requiring restraints.	56	56.6	41.2	41.3
Confused or disoriented residents.	66	66.7	58.8	58.4
Residents with bed sores.	1	1.0	5.2	7.1
Residents receiving special skin care.	68	68.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEAUMONT AT THE WILLOWS;A SNF

Street Address:		City and State:	
1 LYMAN ST		WESTBOROUGH MA 01581	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	140	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
136	0	85		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	65.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	82.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	68.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	66.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	87	64.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	34.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	83	61.0	41.4	50.8
Residents requiring restraints.	95	69.9	41.2	41.3
Confused or disoriented residents.	5	3.7	58.8	58.4
Residents with bed sores.	2	1.5	5.2	7.1
Residents receiving special skin care.	0	0.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTBOROUGH N H

Street Address:		City and State:	
COLONIAL DR		WESTBOROUGH MA 01581	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
121	1	93		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	90.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	94.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	71.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	88	72.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	21.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	50	41.3	41.4	50.8
Residents requiring restraints.	74	61.2	41.2	41.3
Confused or disoriented residents.	90	74.4	58.8	58.4
Residents with bed sores.	6	5.0	5.2	7.1
Residents receiving special skin care.	9	7.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOVERNOR'S HOUSE NURSING HOME

Street Address:		City and State:	
66 BROAD ST		WESTFIELD MA 01085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	65.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	88.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	66.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	72.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	61.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	22.9	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	36	37.5	41.4	50.8
Residents requiring restraints.	49	51.0	41.2	41.3
Confused or disoriented residents.	57	59.4	58.8	58.4
Residents with bed sores.	2	2.1	5.2	7.1
Residents receiving special skin care.	50	52.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOUNTAIN VIEW N H

Street Address: RFD 1		City and State: WESTFIELD MA 01085	
Participation: MEDICAID ICF	# of Beds: 27	Type of Ownership: PROPRIETARY	Survey Date: 05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	Medicare Residents: 0	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	63.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	48.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	51.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	48.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	18.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	11.1	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	7.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	11.1	15.3	39.1
Residents requiring restraints.	1	3.7	17.4	31.7
Confused or disoriented residents.	6	22.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VALLEY VIEW NURSING HOME

Street Address:		City and State:	
FEEDING HILLS RD		WESTFIELD MA 01085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	80	PROPRIETARY	05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
76	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	92.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	92.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	92.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	93.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	93.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	57.9	34.6	37.7
Completely bedfast residents.	4	5.3	1.9	3.4
Residents confined to chairs.	33	43.4	41.4	50.8
Residents requiring restraints.	46	60.5	41.2	41.3
Confused or disoriented residents.	55	72.4	58.8	58.4
Residents with bed sores.	5	6.6	5.2	7.1
Residents receiving special skin care.	9	11.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTFIELD MANOR NURS HOME

Street Address:		City and State:	
60 EAST SILVER RD		WESTFIELD MA 01085	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	104	PROPRIETARY	06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
102	0	67	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	86.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	100	98.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	77.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	67.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	80.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	25.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	36.3	41.4	50.8
Residents requiring restraints.	44	43.1	41.2	41.3
Confused or disoriented residents.	64	62.7	58.8	58.4
Residents with bed sores.	3	2.9	5.2	7.1
Residents receiving special skin care.	37	36.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTFORD NURSING HOME

Street Address: 39 MAIN ST		City and State: WESTFORD MA 01886	
Participation: MEDICAID ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 55	Medicare Residents: 0	Medicaid Residents: 51
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	67.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	52.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	36.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	63.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	36.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	16.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	16	29.1	15.3	39.1
Residents requiring restraints.	5	9.1	17.4	31.7
Confused or disoriented residents.	24	43.6	48.8	55.8
Residents with bed sores.	2	3.6	2.4	4.7
Residents receiving special skin care.	21	38.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTON MANOR

Street Address: 75 NORUMBEGA RD		City and State: WESTON MA 02193	
Participation: MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 155	Medicare Residents: 0	Medicaid Residents: 74		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	81.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	80.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	79.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	73.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	80.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	14.2	34.6	37.7
Completely bedfast residents.	4	2.6	1.9	3.4
Residents confined to chairs.	57	36.8	41.4	50.8
Residents requiring restraints.	57	36.8	41.2	41.3
Confused or disoriented residents.	81	52.3	58.8	58.4
Residents with bed sores.	11	7.1	5.2	7.1
Residents receiving special skin care.	28	18.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL NURSING REHAB CTR

Street Address: 125 BROAD ST		City and State: WEYMOUTH MA 02188	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 211	Type of Ownership: PROPRIETARY	Survey Date: 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	Medicare Residents: 2	Medicaid Residents: 137	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	75.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	84.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	158	79.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	154	77.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	160	80.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	23.0	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	55	27.5	41.4	50.8
Residents requiring restraints.	115	57.5	41.2	41.3
Confused or disoriented residents.	115	57.5	58.8	58.4
Residents with bed sores.	11	5.5	5.2	7.1
Residents receiving special skin care.	36	18.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LOGAN HEALTHCARE FACILITY SNC

Street Address:		City and State:	
861 MAIN ST		WEYMOUTH MA 02190	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	70	PROPRIETARY	07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
69	0	56		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	68.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	52	75.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	62.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	62.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	68.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	27.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	40.6	41.4	50.8
Residents requiring restraints.	18	26.1	41.2	41.3
Confused or disoriented residents.	32	46.4	58.8	58.4
Residents with bed sores.	1	1.4	5.2	7.1
Residents receiving special skin care.	4	5.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

POND MEADOW HEALTHCARE FAC, INC. NSG H

Street Address:		City and State:	
188 SUMMER ST		WEYMOUTH MA 02188	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	88	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	0	69		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	71.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	66.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	87.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	25.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	57	65.5	41.4	50.8
Residents requiring restraints.	45	51.7	41.2	41.3
Confused or disoriented residents.	64	73.6	58.8	58.4
Residents with bed sores.	6	6.9	5.2	7.1
Residents receiving special skin care.	13	14.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POPE NURSING HOME

Street Address: 140 WEBB ST		City and State: WEYMOUTH MA 02188	
Participation: MEDICAID ICF	# of Beds: 37	Type of Ownership: PROPRIETARY	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	Medicare Residents: 0	Medicaid Residents: 26
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	51.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	45.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	48.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	40.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	40.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.9	15.3	39.1
Residents requiring restraints.	3	8.6	17.4	31.7
Confused or disoriented residents.	15	42.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	20	57.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAMUEL MARCUS NURSING HOME

Street Address: 28 FRONT ST		City and State: WEYMOUTH MA 02188	
Participation: MEDICAID ICF	# of Beds: 22	Type of Ownership: PROPRIETARY	Survey Date: 04/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	Medicare Residents: 0	Medicaid Residents: 13	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	65.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	75.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	25.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	30.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	25.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	15.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	9	45.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	30.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRAEBURN NURSING HOME

Street Address:		City and State:	
146 SOUTH AVENUE		WHITMAN MA 02382	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	60	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
60	0	57	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	98.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	83.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	45.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	98.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	45.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	27	45.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	6.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	6.7	15.3	39.1
Residents requiring restraints.	10	16.7	17.4	31.7
Confused or disoriented residents.	25	41.7	48.8	55.8
Residents with bed sores.	2	3.3	2.4	4.7
Residents receiving special skin care.	4	6.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMPTON HILLS NURSING HOME

Street Address:		City and State:	
9 MAPLE STREET		WILBRAHAM MA 01095	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	1	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	80.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	78.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	67.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	70.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	65.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	25.7	41.4	50.8
Residents requiring restraints.	31	28.4	41.2	41.3
Confused or disoriented residents.	45	41.3	58.8	58.4
Residents with bed sores.	5	4.6	5.2	7.1
Residents receiving special skin care.	29	26.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SWEET BROOK NURSING HOME

Street Address:		City and State:	
COLD SPRING ROAD		WILLIAMSTOWN MA 01267	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	123	PROPRIETARY	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
119	2	57		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	76.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	81.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	58.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	62.2	34.6	37.7
Completely bedfast residents.	4	3.4	1.9	3.4
Residents confined to chairs.	73	61.3	41.4	50.8
Residents requiring restraints.	37	31.1	41.2	41.3
Confused or disoriented residents.	57	47.9	58.8	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	24	20.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WILLOWOOD NURSING HOME OF WILLIAMSTOWN

Street Address: 25 ADAMS RD		City and State: WILLIAMSTOWN MA 01267	
Participation: MEDICAID SNF	# of Beds: 72	Type of Ownership: PROPRIETARY	Survey Date: 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 42
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	95.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	95.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	94.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	70.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	32.4	41.4	50.8
Residents requiring restraints.	34	47.9	41.2	41.3
Confused or disoriented residents.	46	64.8	58.8	58.4
Residents with bed sores.	2	2.8	5.2	7.1
Residents receiving special skin care.	71	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OPEN ARMS NURSING HOME

Street Address:		City and State:	
163 BROWN ST		WINCHENDON MA 01475	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	43	PROPRIETARY	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
38	0	32		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	84.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	78.9	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	60.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	73.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	71.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	18.4	16.1	29.3
Completely bedfast residents.	1	2.6	0.6	3.6
Residents confined to chairs.	18	47.4	15.3	39.1
Residents requiring restraints.	11	28.9	17.4	31.7
Confused or disoriented residents.	22	57.9	48.8	55.8
Residents with bed sores.	4	10.5	2.4	4.7
Residents receiving special skin care.	9	23.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABERJONA NURSING CENTER, INC.

Street Address: 184 SWANTON ST		City and State: WINCHESTER MA 01890	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	Medicare Residents: 0	Medicaid Residents: 57
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	76.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	82.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	64.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	75.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	61.9	70.5	68.2
 Residents on individually written bowel and bladder retraining program.	4	3.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	32.7	34.6	37.7
 Completely bedfast residents.	0	0.0	1.9	3.4
 Residents confined to chairs.	39	34.5	41.4	50.8
 Residents requiring restraints.	43	38.1	41.2	41.3
 Confused or disoriented residents.	71	62.8	58.8	58.4
 Residents with bed sores.	5	4.4	5.2	7.1
 Residents receiving special skin care.	72	63.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINCHESTER NURSING CENTER, INC.

Street Address:		City and State:	
223 SWANTON ST		WINCHESTER MA 01890	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
116	0	82		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	104	89.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	102	87.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	100	86.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	87.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	58.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.8	34.6	37.7
Completely bedfast residents.	4	3.4	1.9	3.4
Residents confined to chairs.	62	53.4	41.4	50.8
Residents requiring restraints.	53	45.7	41.2	41.3
Confused or disoriented residents.	62	53.4	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	82	70.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAY VIEW NURSING HOME

Street Address:		City and State:	
26 STURGIS ST		WINTHROP MA 02152	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	78	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	81.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	89.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	53.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	89.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	33.3	16.1	29.3
Completely bedfast residents.	1	1.3	0.6	3.6
Residents confined to chairs.	22	29.3	15.3	39.1
Residents requiring restraints.	10	13.3	17.4	31.7
Confused or disoriented residents.	36	48.0	48.8	55.8
Residents with bed sores.	6	8.0	2.4	4.7
Residents receiving special skin care.	14	18.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLIFF HSE NRSG + RET HME

Street Address:		City and State:	
170 CLIFF AVE		WINTHROP MA 02152	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	88	PROPRIETARY	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	0	67			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		59	71.1	78.2	81.5
Dressing					
Residents requiring some or total assistance in dressing.		66	79.5	82.0	83.2
Toileting					
Residents requiring some or total assistance in toileting.		61	73.5	70.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		83	100	80.6	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		60	72.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.		1	1.2	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		56	67.5	34.6	37.7
Completely bedfast residents.		0	0.0	1.9	3.4
Residents confined to chairs.		44	53.0	41.4	50.8
Residents requiring restraints.		28	33.7	41.2	41.3
Confused or disoriented residents.		51	61.4	58.8	58.4
Residents with bed sores.		11	13.3	5.2	7.1
Residents receiving special skin care.		21	25.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOV WINTHROP NURSING HOME

Street Address:		City and State:	
142 PLEASANT ST		WINTHROP MA 02152	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	87	PROPRIETARY	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	75.6	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	62.8	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	64.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	43.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	54.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	46.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	3.5	15.3	39.1
Residents requiring restraints.	22	25.6	17.4	31.7
Confused or disoriented residents.	31	36.0	48.8	55.8
Residents with bed sores.	6	7.0	2.4	4.7
Residents receiving special skin care.	6	7.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENDALE NURSING HOME

Street Address: 171 CAMBRIDGE RD		City and State: WOBURN MA 01801	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	70.8	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	64.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	47.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	58.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	14.6	15.3	39.1
Residents requiring restraints.	7	14.6	17.4	31.7
Confused or disoriented residents.	22	45.8	48.8	55.8
Residents with bed sores.	2	4.2	2.4	4.7
Residents receiving special skin care.	20	41.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NEW ENGLAND REHAB HOSPITAL, INC.-SNF

Street Address:		City and State:	
REHABILITATION WAY		WOBURN MA 01801	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	40	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	35	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	94.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	100	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	100	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	13.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	26	72.2	41.4	50.8
Residents requiring restraints.	4	11.1	41.2	41.3
Confused or disoriented residents.	4	11.1	58.8	58.4
Residents with bed sores.	1	2.8	5.2	7.1
Residents receiving special skin care.	36	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOBURN NURSING CENTER, INC.

Street Address: 18 FRANCES ST		City and State: WOBURN MA 01801	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 110	Medicare Residents: 0	Medicaid Residents: 97	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	99.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	106	96.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	102	92.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	80.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	76.4	34.6	37.7
Completely bedfast residents.	2	1.8	1.9	3.4
Residents confined to chairs.	26	23.6	41.4	50.8
Residents requiring restraints.	61	55.5	41.2	41.3
Confused or disoriented residents.	80	72.7	58.8	58.4
Residents with bed sores.	7	6.4	5.2	7.1
Residents receiving special skin care.	97	88.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIEL NURSING HOME

Street Address: 58 BEACH ST		City and State: WOLLASTON MA 02170	
Participation: MEDICAID ICF	# of Beds: 29	Type of Ownership: PROPRIETARY	Survey Date: 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	Medicare Residents: 0	Medicaid Residents: 13
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	55.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	58.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	72.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	62.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	51.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	13.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	17.2	15.3	39.1
Residents requiring restraints.	5	17.2	17.4	31.7
Confused or disoriented residents.	16	55.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	7	24.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARMSTRONG NURSING HOME

Street Address:		City and State:	
119 FOREST ST		WORCESTER MA 01609	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	17	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
17	0	13		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	88.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	82.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	41.2	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	35.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	29.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	5.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	6	35.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	5.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BANCROFT HOUSE HEALTHCARE NSG HOME

Street Address:		City and State:	
835 MAIN ST		WORCESTER MA 01610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	82.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	83.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	60.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	53.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	19	16.2	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	20.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	41	35.0	41.4	50.8
Residents requiring restraints.	52	44.4	41.2	41.3
Confused or disoriented residents.	65	55.6	58.8	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	117	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BELMONT HOME

Street Address:		City and State:	
255 BELMONT ST		WORCESTER MA 01605	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	144	LOCAL GOVERNMENT	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
133	0	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	80.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	78.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	55.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	69.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	52.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	28.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	57	42.9	41.4	50.8
Residents requiring restraints.	71	53.4	41.2	41.3
Confused or disoriented residents.	89	66.9	58.8	58.4
Residents with bed sores.	4	3.0	5.2	7.1
Residents receiving special skin care.	88	66.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLAIRE HOUSE LTCF OF WORCESTER

Street Address: 116 HOUGHTON ST		City and State: WORCESTER MA 01604	
Participation: MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 73	Medicare Residents: 0	Medicaid Residents: 49
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	79.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	65.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	58.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	65.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	6.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	46.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	28.8	41.4	50.8
Residents requiring restraints.	48	65.8	41.2	41.3
Confused or disoriented residents.	43	58.9	58.8	58.4
Residents with bed sores.	5	6.8	5.2	7.1
Residents receiving special skin care.	42	57.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CASTLE PARK NURSING HOME

Street Address:		City and State:	
22-24 KING ST		WORCESTER MA 01610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	30	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
30	0	29		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	20.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	50.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	20.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	20.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	20.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	10.0	15.3	39.1
Residents requiring restraints.	7	23.3	17.4	31.7
Confused or disoriented residents.	14	46.7	48.8	55.8
Residents with bed sores.	1	3.3	2.4	4.7
Residents receiving special skin care.	2	6.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CLARK MANOR NURSING HOME

Street Address:		City and State:	
1350 MAIN ST		WORCESTER MA 01603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	162	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	83.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	85.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	107	69.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	155	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	70.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	23.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	27.7	41.4	50.8
Residents requiring restraints.	62	40.0	41.2	41.3
Confused or disoriented residents.	89	57.4	58.8	58.4
Residents with bed sores.	8	5.2	5.2	7.1
Residents receiving special skin care.	34	21.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMWOOD MANOR NH

Street Address:		City and State:	
21 CATHERINE ST		WORCESTER MA 01603	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	31	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	38.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	25.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	25.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	38.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	9.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	2	6.5	17.4	31.7
Confused or disoriented residents.	11	35.5	48.8	55.8
Residents with bed sores.	2	6.5	2.4	4.7
Residents receiving special skin care.	7	22.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EVANS MANOR NURSING HOME

Street Address: 27 TIRRELL ST		City and State: WORCESTER MA 01603	
Participation: MEDICAID ICF	# of Beds: 18	Type of Ownership: PROPRIETARY	Survey Date: 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	Medicare Residents: 0	Medicaid Residents: 18
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	77.8	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	9	50.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	33.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	50.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	61.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	16.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	11.1	15.3	39.1
Residents requiring restraints.	4	22.2	17.4	31.7
Confused or disoriented residents.	16	88.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	16.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMMOND HOUSE N H

Street Address: 18 HAMMOND ST		City and State: WORCESTER MA 01610	
Participation: MEDICAID ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 67	Medicare Residents: 0	Medicaid Residents: 66		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	62.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	53.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	40.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	32.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	29.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	17	25.4	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	15	22.4	15.3	39.1
Residents requiring restraints.	12	17.9	17.4	31.7
Confused or disoriented residents.	28	41.8	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	15	22.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARVARD NURSING HOME

Street Address: 14 JOHN ST		City and State: WORCESTER MA 01609	
Participation: MEDICAID ICF	# of Beds: 41	Type of Ownership: PROPRIETARY	Survey Date: 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	Medicare Residents: 0	Medicaid Residents: 36
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	68.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	73.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	61.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	36.6	16.1	29.3
Completely bedfast residents.	1	2.4	0.6	3.6
Residents confined to chairs.	6	14.6	15.3	39.1
Residents requiring restraints.	10	24.4	17.4	31.7
Confused or disoriented residents.	35	85.4	48.8	55.8
Residents with bed sores.	2	4.9	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERMITAGE NURSING HOME

Street Address:		City and State:	
383 MILL ST		WORCESTER MA 01602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	5	61		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	84.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	89.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	80.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	73.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	31.0	34.6	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	46	46.0	41.4	50.8
Residents requiring restraints.	52	52.0	41.2	41.3
Confused or disoriented residents.	50	50.0	58.8	58.4
Residents with bed sores.	7	7.0	5.2	7.1
Residents receiving special skin care.	100	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEYWOOD VALLEY SKILLED NSG.& REHAB.

Street Address: 59 ACTON ST		City and State: WORCESTER MA 01604	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 161	Type of Ownership: PROPRIETARY	Survey Date: 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	Medicare Residents: 3	Medicaid Residents: 43
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	122	77.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	116	73.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	49.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	67.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	61.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	22.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	94	59.9	41.4	50.8
Residents requiring restraints.	71	45.2	41.2	41.3
Confused or disoriented residents.	76	48.4	58.8	58.4
Residents with bed sores.	7	4.5	5.2	7.1
Residents receiving special skin care.	83	52.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JEWISH HOME FOR AGED

Street Address: 629 SALISBURY ST		City and State: WORCESTER MA 01602	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 141	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	Medicare Residents: 0	Medicaid Residents: 126
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	138	97.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	110	78.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	60.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	104	73.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	20.6	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	67	47.5	41.4	50.8
Residents requiring restraints.	79	56.0	41.2	41.3
Confused or disoriented residents.	96	68.1	58.8	58.4
Residents with bed sores.	9	6.4	5.2	7.1
Residents receiving special skin care.	80	56.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOLLWOOD NURSING HOME

Street Address:		City and State:	
271 EAST MOUNTAIN ST		WORCESTER MA 01606	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	70	PROPRIETARY	03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
61	3	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	85.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	91.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	91.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	91.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	77.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	31.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	14	23.0	41.4	50.8
Residents requiring restraints.	34	55.7	41.2	41.3
Confused or disoriented residents.	29	47.5	58.8	58.4
Residents with bed sores.	5	8.2	5.2	7.1
Residents receiving special skin care.	11	18.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN NURSING HOME

Street Address:		City and State:	
299 LINCOLN ST		WORCESTER MA 01605	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	03/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
118	3	103		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	78.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	96	81.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	67.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	66.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	93	78.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	21.2	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	74	62.7	41.4	50.8
Residents requiring restraints.	47	39.8	41.2	41.3
Confused or disoriented residents.	65	55.1	58.8	58.4
Residents with bed sores.	7	5.9	5.2	7.1
Residents receiving special skin care.	19	16.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LUTHERAN HOME OF WORCESTER INC

Street Address: 26HARVARD ST		City and State: WORCESTER MA 01608	
Participation: MEDICAID SNF/ICF	# of Beds: 141	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	Medicare Residents: 0	Medicaid Residents: 104	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	64.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	83	66.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	110	88.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	64.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	56.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	28.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	36	28.8	41.4	50.8
Residents requiring restraints.	51	40.8	41.2	41.3
Confused or disoriented residents.	91	72.8	58.8	58.4
Residents with bed sores.	6	4.8	5.2	7.1
Residents receiving special skin care.	49	39.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILL HILL NURSING HOME

Street Address:		City and State:	
215 MILL ST		WORCESTER MA 01602	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	101	PROPRIETARY	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
97	0	74		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	78.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	86.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	79.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	79.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	100	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	28	28.9	41.4	50.8
Residents requiring restraints.	39	40.2	41.2	41.3
Confused or disoriented residents.	66	68.0	58.8	58.4
Residents with bed sores.	7	7.2	5.2	7.1
Residents receiving special skin care.	60	61.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTHEAST LONG TERM CARE CENTER

Street Address:		City and State:	
39 QUEEN STREET		WORCESTER MA 01610	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
159	0	138		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	79.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	81.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	123	77.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	126	79.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	76.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	4.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	18.2	34.6	37.7
Completely bedfast residents.	3	1.9	1.9	3.4
Residents confined to chairs.	102	64.2	41.4	50.8
Residents requiring restraints.	45	28.3	41.2	41.3
Confused or disoriented residents.	111	69.8	58.8	58.4
Residents with bed sores.	14	8.8	5.2	7.1
Residents receiving special skin care.	29	18.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOTRE DAME LONG TERM CARE CENTER

Street Address: 555 PLANTATION ST.		City and State: WORCESTER MA 01605	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	48.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	66.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	42.6	41.4	50.8
Residents requiring restraints.	5	10.6	41.2	41.3
Confused or disoriented residents.	31	66.0	58.8	58.4
Residents with bed sores.	3	6.4	5.2	7.1
Residents receiving special skin care.	18	38.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NOTRE DAME LTC CENTER, INC

Street Address: 555 PLANTATION STREET		City and State: WORCESTER MA 01605	
Participation: MEDICAID SNF/ICF	# of Beds: 51	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 46
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	78.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	46.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	59.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	40.4	41.4	50.8
Residents requiring restraints.	9	19.1	41.2	41.3
Confused or disoriented residents.	22	46.8	58.8	58.4
Residents with bed sores.	4	8.5	5.2	7.1
Residents receiving special skin care.	19	40.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ODD FELLOWS HOME OF MASS

Street Address: 104 RANDOLPH RD		City and State: WORCESTER MA 01606	
Participation: MEDICAID ICF	# of Beds: 75	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 06/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 37	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	100	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	54.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	54.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	54.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	5.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	20	54.1	15.3	39.1
Residents requiring restraints.	15	40.5	17.4	31.7
Confused or disoriented residents.	35	94.6	48.8	55.8
Residents with bed sores.	1	2.7	2.4	4.7
Residents receiving special skin care.	9	24.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK HILL MANOR N H

Street Address: 1 GORHAM ST		City and State: WORCESTER MA 01605	
Participation: MEDICAID ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 0	Medicaid Residents: 89	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	71.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	67	71.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	61.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	52.1	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	41.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	18.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	25	26.6	15.3	39.1
Residents requiring restraints.	32	34.0	17.4	31.7
Confused or disoriented residents.	52	55.3	48.8	55.8
Residents with bed sores.	2	2.1	2.4	4.7
Residents receiving special skin care.	19	20.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PROVIDENCE HOUSE NURSING HOME

Street Address:		City and State:	
119 PROVINCENCE ST		WORCESTER MA 01604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	160	NON-PROFIT RELIGIOUS	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
159	29	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	137	86.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	147	92.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	91.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	90.6	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	76.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	38.4	34.6	37.7
Completely bedfast residents.	7	4.4	1.9	3.4
Residents confined to chairs.	103	64.8	41.4	50.8
Residents requiring restraints.	25	15.7	41.2	41.3
Confused or disoriented residents.	78	49.1	58.8	58.4
Residents with bed sores.	17	10.7	5.2	7.1
Residents receiving special skin care.	40	25.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SAINT FRANCIS HOME

Street Address:		City and State:	
101 PLANTATION ST		WORCESTER MA 01604	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	85.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	80.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	71.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	58.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	11.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.0	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	26	26.0	41.4	50.8
Residents requiring restraints.	31	31.0	41.2	41.3
Confused or disoriented residents.	53	53.0	58.8	58.4
Residents with bed sores.	3	3.0	5.2	7.1
Residents receiving special skin care.	8	8.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALISBURY N H

Street Address: 25 ORIOL DR		City and State: WORCESTER MA 01605	
Participation: MEDICAID SNF/ICF	# of Beds: 160	Type of Ownership: PROPRIETARY	Survey Date: 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 154	Medicare Residents: 0	Medicaid Residents: 103	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	133	86.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	136	88.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	116	75.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	73.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	66.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	33.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	13.0	41.4	50.8
Residents requiring restraints.	67	43.5	41.2	41.3
Confused or disoriented residents.	112	72.7	58.8	58.4
Residents with bed sores.	10	6.5	5.2	7.1
Residents receiving special skin care.	148	96.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SPRING VALLEY NURSING HOME

Street Address: 81 CHATHAM ST		City and State: WORCESTER MA 01069	
Participation: MEDICAID SNF/ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 74
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	72.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	76.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	65.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	66.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	66.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	26.2	41.4	50.8
Residents requiring restraints.	36	45.0	41.2	41.3
Confused or disoriented residents.	21	26.2	58.8	58.4
Residents with bed sores.	3	3.7	5.2	7.1
Residents receiving special skin care.	80	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAYSIDE NURSING HOME

Street Address: 751 GROVE ST		City and State: WORCESTER MA 01605	
Participation: MEDICARE/MEDICAID SNF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 6	Medicaid Residents: 20
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	97.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	86.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	80.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	69.1	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	86.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	45.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	19	27.9	41.4	50.8
Residents requiring restraints.	28	41.2	41.2	41.3
Confused or disoriented residents.	51	75.0	58.8	58.4
Residents with bed sores.	3	4.4	5.2	7.1
Residents receiving special skin care.	26	38.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST SIDE HOUSE LTC FACILITY

Street Address: 35 FRUIT ST		City and State: WORCESTER MA 01609	
Participation: MEDICAID SNF/ICF	# of Beds: 91	Type of Ownership: PROPRIETARY	Survey Date: 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	76.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	69.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	56.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	68.3	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	47.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	26.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	13	15.9	41.4	50.8
Residents requiring restraints.	21	25.6	41.2	41.3
Confused or disoriented residents.	76	92.7	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	26	31.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLES CONV HOME

Street Address: 24 COMMON ST		City and State: WRENTHAM MA 02093	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	33.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	56.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	18.8	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	83.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	25.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	6.3	15.3	39.1
Residents requiring restraints.	4	8.3	17.4	31.7
Confused or disoriented residents.	20	41.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	16	33.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLES NSG RET CENTER

Street Address: 20 COMMON ST		City and State: WRENTHAM MA 02093	
Participation: MEDICAID SNF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	Medicare Residents: 0	Medicaid Residents: 60
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	100	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	97.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	80.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	51.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	16	20.5	41.4	50.8
Residents requiring restraints.	38	48.7	41.2	41.3
Confused or disoriented residents.	52	66.7	58.8	58.4
Residents with bed sores.	1	1.3	5.2	7.1
Residents receiving special skin care.	11	14.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SERENITY HILL NURSING HOME

Street Address: 655 DEDHAM ST		City and State: WRENTHAM MA 02093	
Participation: MEDICAID ICF	# of Beds: 44	Type of Ownership: PROPRIETARY	Survey Date: 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 34	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	76.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	33	78.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	29	69.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	69.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	28.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	14.3	15.3	39.1
Residents requiring restraints.	12	28.6	17.4	31.7
Confused or disoriented residents.	23	54.8	48.8	55.8
Residents with bed sores.	2	4.8	2.4	4.7
Residents receiving special skin care.	10	23.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE

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HIGHSMITH 45-220

REF

HD 7102 .U5N76 1987/88
Massachusetts II

Medicare/Medicaid nursing home
information.

REF

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